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ORIGINAL LECTURES.

CLINICAL LECTURE ON CASES OF PAINFUL AFFECTION OF THE FOOT.

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SOME ten years ago I published an account of a "Peculiar and Painful Affection of the Fourth Metatarso-Phalangeal Articulation," and reported a number of cases of an affection of the foot involving the proximal joint of the fourth toe.* I then stated that I considered this malady of sufficient importance to be brought to the notice of the profession generally, especially as it unquestionably had not been recognized before that time.

My attention was first directed to this peculiar affection in 1870. After a careful study of a case which came under my observation at that time, I became convinced that I had an unusual condition to deal with. In this instance the symptoms were so clearly marked, and my patient, who was an intelligent woman, gave such a positive account of her painful malady, that I was satisfied that I had to treat a condition which had not previously been described by systematic writers or in the medical journals, at least as far as I was aware. Since that time I have had such a number of these cases coming under my observation, and have learned of so many others in the hands of medical friends, that I have no hesitation in saying that the disease is a very common one, and that even up to the present time it has not been recognized by the profession as it should be.

This neglect or apparent indifference on the part of the profession may perhaps be due to the fact that the foot, to most persons, is not a very interesting portion of the human frame, so that, as a rule, a sufferer with any painful condition of the feet presenting no conspicuous abnormality is usually referred to the chiropodist, who is

only able to cope with the simplest affections of this important region. Too often it happens that the general practitioner dismisses the cases which I shall describe as beneath his consideration: the pain is looked upon as a form of gout or rheumatism, even where this is not sustained by the family or personal history of the patient, and the case is sent away with directions to get less fashionable shoes, or with some other trifling recommendation, no diagnosis having been made. Consequently, the sufferer remains unrelieved, and in time settles down to the conviction that he is the victim of some constitutional or incurable malady; and so he goes on, suffering periodical attacks of almost intolerable agony with a disease which, if properly understood, could be readily and permanently cured.

This painful joint-disease, which is strictly local, may be of a mild or a severe type. Cases of the mild form of the affection, which are said to be bearable, may develop into the severe form. In them occasional attacks of pain are followed by periods of complete immunity, the neuralgia coming back again from time to time. The cases of the severer form are usually so from the commencement: they frequently result from a sprain or twist of the anterior portion of the foot or from undue pressure of a shoe. Occasionally the neuralgia has appeared simultaneously in both feet; in such cases it may be dependent in part upon ill-fitting shoes: indeed, in two cases I have seen the disease was undoubtedly induced by ill-fitting ready-made shoes, and in one case the pain came on at once in both feet from a similar cause.

In my first account of this disease I only mentioned pain occurring in the metatarso-phalangeal joint of the fourth toe; but I have since seen instances in which the corresponding joint of the third toe was involved. Dr. Erskine Mason, of New York, has published the report of a case of metatarso-phalangeal neuralgia which he successfully treated by excision of the joint of the second toe.†

I have made some extended inquiries among the larger retail shoe-dealers, in order to find out if their attention had ever been called to this painful condition of the foot by their customers. I learned that this peculiar condition has not only

* American Journal of the Medical Sciences, January, 1876.

† American Journal of the Medical Sciences, Oct. 1877.

been frequently recognized by them, but that it is also considered to be quite common. Almost every intelligent shoe-retailer has seen a number of persons to whom this disease has been a source of frequent suffering, and who believe their malady to be beyond relief by medical art. Indeed, it would seem that in some of the most severe of the cases it has been found impossible to obtain the serious consideration of their condition by their medical attendants.

The history given by the patient will generally be like the following, which should be sufficient to lead to a correct idea of the trouble. One of my patients wrote as follows:

"During the summer of 1868, while traveling in Switzerland, I made a pedestrian tour to the valley of the Faulhorn Mountain, and when descending a steep ravine I trod upon quite a large stone, which rolled from under my foot, causing me to slip, and throwing my entire weight upon the forward foot: though not falling, I found my right foot injured. The pain was intense and accompanied by fainting sensations. With considerable difficulty I reached the valley of the Grindelwald, where for hours I endured great suffering. After this I found it impossible to wear a shoe even for a few moments, the least pressure inducing an attack of severe pain. At no time did the foot or toe swell or present any evidence of having been injured. During the succeeding five years the foot was never entirely free from pain: often my suffering has been very severe, coming on in paroxysms. I have been only able to wear a very large shoe, and only for a limited space of time, frequently being obliged to remove it to relieve the foot. Much of the time I have gone without any covering except a stocking, and even at night have suffered intensely: slight pressure of the finger on the tender spot causes the same sensation as wearing a shoe. During the past year or so I have walked but little, and consequently have suffered much less."

In this case a twisting of the foot was followed by acute pain, which was succeeded by permanent local sensitiveness or tenderness and neuralgia, brought on by pressure of the shoe or stocking, and sometimes without any known cause. The pain was always referred to the metatarso-phalangeal joint of the fourth toe, but during the severe paroxysms it extended up the limb as far as the knee and hip. On examination there was found neither redness nor swelling of the foot. The head of the fourth metatarsal bone, with the adjoining pha-

langeal base, was exceedingly sensitive, and pain was caused by the slightest pressure. In this case, at my suggestion, a deep excavation was made in the sole of the shoe which she wore, which was sufficiently broad to permit the affected joint to be as free as possible from pressure, and local anodyne applications were made, but the patient obtained no relief. I then considered the propriety of excision of the joint; but the patient was threatened with pulmonary disease and not in a condition to undergo any treatment that would confine her indoors. In June, 1873, I again saw this patient, on this occasion in consultation with Dr. Ellwood Wilson. There had been no improvement in the affected joint from treatment during this period. A short time before visiting this patient, however, in the same year, I had had under my care a similar case which I had successfully treated by excision of the painful joint, but neither Dr. Wilson nor I deemed it advisable to perform this operation upon this patient, on account of her impaired physical condition.

In the following case an operation was successfully performed.

In March, 1873, I was asked to see Miss H. S., aged 26 years, who, while in Europe four years before, had injured her right foot by stepping upon a small stone. She said that she had at once experienced intense pain, which was soon followed by slight swelling and redness. From the date of the injury localized pain in the foot continued, especially while wearing a shoe. The pain was referred to the head of the fourth metatarsal bone. There was constant distress in the part, often of a sickening character. After wearing a shoe, pain came on with great intensity. At such times the shoe had to be instantly removed, the least delay causing a paroxysm of great suffering. The boot or shoe had to be removed so often that a slipper was substituted. A marked lameness was induced by the patient's endeavor to spare the foot in walking. The pain was confined to the joint of the fourth metatarsal bone with the base of the associated phalanx. Pressure in this region or rolling the fourth and fifth toes upon each other caused violent pain, which extended up the limb. It was severe when pressure was made upon the base of the first phalanx of the fourth toe, which could be prominently felt between the third and fifth toes. Rest, anodynes, and other applications failed to relieve this patient. Dr. William Hunt, who had frequently seen this case in consultation, agreed with me in advising excision of the joint.

On March 22, 1873, after etherization, an incision two inches in length was made on the outer edge of the extensor tendon of the fourth toe; the metatarso-phalangeal articulation was then opened, and a portion of the shaft of the metatarsal bone, with the head of the bone, was excised; likewise a quarter of an inch of the shaft of the phalanx. The wound soon closed; the toe was shortened half an inch by the operation. The patient has since visited Europe on two occasions, and has remained in perfect health, and has been able to wear any form of shoe.

This, and the following cases, may be taken as types of the disease, of which I reported thirteen cases in my first paper, and have seen more than twice as many since, and several have been reported in the medical journals.

The following cases are such typical illustrations of the affection that I abstract them from a previous article upon this subject.*

Dr. M. W. Alison, of Hagerstown, Maryland, called on me in the spring of 1875, seeking relief from neuralgia in his right foot, which had existed for years and was gradually getting worse, and stated that he was willing and ready to submit even to amputation of the leg. He gave the following history:

"About six years ago I experienced an unpleasant painful sensation in my right foot, which possibly originated in a strain: the pain was first observed in the fourth metatarso-phalangeal region; in the course of a fortnight it was followed by most violent pain, which was simply unbearable and so severe that it terminated in a convulsion. A painful condition of the parts followed, and with the least provocation (wearing a shoe or boot), sometimes without known cause, paroxysms of intense pain returned at various intervals, lasting from one to forty-eight hours. The pain, with one or two exceptions, has been confined entirely to the section of the foot indicated. My suffering has been beyond all comprehension: very often I have been compelled to jump from my buggy or stop while walking, remove my boot, which has always been of ample size, apply ligatures to the limb or foot, use hypodermic injections of morphia, frictions, or call upon some one to assist me by standing on the foot. This affliction has been the burden of my life, and this burden has been increased after consulting many eminent medical men, who gave me no satisfaction as to the nature of the disease, nor even suggested a hope of relief. My

health otherwise has been uniformly good. I am satisfied the cases you have had are similar to my own save in the intensity of my sufferings, and I shall gladly submit to the operation you have suggested."

Operation.—June 15 I made an incision on the upper side of the fourth metatarsal bone, the shaft of which was divided half an inch beyond the head of the bone; the base of the first phalanx was also removed; the toe was then found to be so isolated that it was removed; the adjacent soft parts were dissected away to insure the excision of the surrounding nerve. On the third day Dr. Alison left the city, and subsequently wrote, "Am happy to report all right; have not experienced any pain whatever, and am feeling better than I have for years, and feel assured that the operation will give me permanent relief."

In April, 1872, Mr. W. K. M., of Rome, Noble County, Indiana, wrote me as follows: "I am a carpenter, and have been a hard-laboring man all my life. In 1866 I was suddenly seized with pain in the joint of the fourth toe of my right foot; at times was obliged to pull off my boot and sock, which gave me relief; many times I would wear my boot without my sock; at times the toe would puff up and become numb. In 1867 it was worse; I wore a larger boot, but was often very lame. In 1870 I had to use a cane, but kept at work until two years later, when I was unfit for business, for the pain was nearly constant.

"The disease was called rheumatism and gout; rest and quiet proved the best remedy for the time; the neuralgia then extended to the back of my heel, and was an aching, heavy, dead pain, so that I could not even bear the weight of the bedclothes."

In December, 1876, this patient came to Philadelphia. An examination showed the usual pain on pressure; the foot was normal in appearance. As there was some tenderness also in the same joint of the third toe, I excised the joints of the third and fourth toes.

Some months later Mr. M. wrote me, "My foot was tender for some time after I came home; but at the present time it is well. I have no pain, and can safely say that it is a permanent cure, and feel satisfied that the operation has saved my life." Four years later this patient reported himself as perfectly well and no lameness, and that he had worked steadily since his return.

Dr. Thomas, of Savannah, Georgia, also wrote me in 1876, reporting a case which had come under his notice: "I think your article throws some light on a case which has been under my advice for several years, and I have looked in vain through some of the surgical authorities for guidance. The patient is a young lady, with every comfort around her. For the past three or four years she has suffered with a severe pain in the fourth

* Surgery in the Pennsylvania Hospital, article entitled "Painful Affection of the Foot." Philadelphia, 1880. P. 109.

metatarso-phalangeal articulation of the left foot, sometimes brought on by long walks, and at other times without any immediate provoking cause. She does not know that she has ever hurt the part, though possibly has sprained it, but not enough to have noticed it. There has never been any swelling or redness perceptible, but always more or less sensitiveness to pressure or the touch. The joint, when handled, appears to be too loose; otherwise no abnormal indication save the pain.

"I have tried many things in the way of treatment, but all without proper success. She has applied tincture of iodine, belladonna plaster, capsicum plaster, etc. There are times when she thinks that a comfortable-fitting shoe feels better than a looser one. My impression is that this neuralgia, or whatever it may be called, is more common than we would at first think, and the profession may be grateful to you for the article mentioned."

The following graphic description is from a medical friend who has himself suffered from the more severe form of this neuralgia :

"PHILADELPHIA, January 1, 1877.

"I have read with pleasure and profit your paper on a 'Peculiar and Painful Affection of the Foot.' Thinking it might be interesting to you, I send you an account of my own case.

"I have suffered intensely at intervals from this affection for many years, and in all this time have never found medical man or layman who understood what I meant when I complained of it or alluded to it. It has been pronounced by surgeons who have examined my foot to be a subluxation or a malformation of the articular surface of the first phalanx of the fourth toe, where it articulates with the fourth metatarsal bone, the concavity not being sufficiently concave. This I have long been convinced is an error. By other eminent authorities I have been conveniently 'pooh-pooh-ed.' By persons out of the medical profession I have been in my agony comforted by an 'Oh, tight boots.' I had at last despaired of making anybody understand my ailment, summoned all my patience, and suffered in silence.

"My own sensations have convinced me that the pain is caused by pressure upon a nerve, but what pressed upon the nerve I was unable to tell. The immediate necessity of removing the boot and the relief afforded by manipulating the foot in a manner learned by experience pointed to a dislocation; but the reduction of the displacement was never sufficiently sudden and marked to confirm the belief that there had been a dislocation.

"Now, after living for more than half a century, practised my profession for over thirty years, and suffered half my life with an affection not understood and ranked with a disease so trifling as a corn, I find myself en-

lightened and the mystery cleared up by your valuable paper on the subject.

"The first paroxysm occurred in my boyhood, and was produced by tight lacing of skate-straps. On unbuckling the straps, the 'cramp,' as I called it, was at first soon relieved and thought nothing of; but a continuance of this system of squeezing by tight straps and tight boots, and riding for hours on horseback with the flexors of the leg and foot in violent action and the toes turned in, the attacks became more frequent, more painful, and the abnormal condition of the parts became chronic. These were in my case undoubtedly the causes predisposing. The causes determining the accession of a paroxysm are the wearing of a badly-fitting boot, especially if the sole be narrow; a long and fatiguing walk, particularly on a hot day over a hot pavement; a long ride on horseback; a wet boot sticking to the sock; a wet sock sticking to the toes; long-continued flexion of the knee-joint, as in a railroad-car, carriage, or lecture-room; treading on an uneven surface, as a cobblestone pavement; and, should the nervous system be depressed from any cause, these exciting causes will act more powerfully.

"The symptoms of an attack in my case are most intense pain, 'cutting to the heart,' sickening, a feeling that it is unendurable, faintness, cold sweat, total incapacity for the time of directing the mind or will to any other subject, a horrible increase of torture on the use of the boot-jack; and all this with no redness, no swelling, no abrasion of the skin, no callosity, no visible displacement of bones, at least after removal of the boot.

"The suddenness of the attack is noteworthy. I have been obliged to drop everything and remove my boot, sometimes in company, sometimes in my carriage. I have even been obliged to sit down on the curbstone and remove the boot. I have dismounted from my horse and sent home for slippers before I could proceed. I have tied my horse to a tree and lain on the ground, unable to ride farther.

"I have spoken of a tight boot and of removing the boot, but I have had tight boots which were great favorites, because they would not 'let my toe out of joint.'

"The remedies from which I have obtained relief are removal of the boot and then manipulating the toes, straightening them out. When inconvenient to take off the boot, I have found that grasping the foot tightly round the metatarsal region will answer; and I have sometimes worn a circlet of india-rubber band, binding the foot round the instep. Putting on a dry boot and dry stocking is of great benefit, and the boot should be well sprinkled with powdered soapstone before putting it on. Frequently an attack has been relieved completely without other means than rest and a cup of strong tea."

These clinical notes of cases might be greatly extended, but the above will suffice to show the disabling and painful character of this affection and the propriety of the means adopted for its relief.*

Painful affections of the feet have long been known as a cause of disability among soldiers, but, so far as I can learn, the peculiar disorder under consideration has not been described as a cause of tender feet.

In order to satisfy my mind, I addressed a query upon this point to Surgeon J. S. Billings, of the Surgeon-General's Office, U.S.A., Washington, who replied under date of September 4, 1886, as follows: "I do not think there are any records of the special conditions which you describe as occurring among soldiers. Cases of excuse from duty on account of painful feet are occasionally reported, but these seem to be mostly of a temporary character, and are not described with sufficient fulness to make it certain what part of the foot is affected."

With regard to the etiology of this disease, I think that the explanation I have already given in a former paper has been supported by subsequent observation.

The occurrence of neuralgia may be understood by a reference to the anatomy of the parts. The metatarso-phalangeal joints of the first, second, and third toes are found on almost a direct line with each other, while the head of the fourth metatarsal is from one-eighth to one-fourth of an inch behind the head of the third, and the head of the fifth is from three-eighths to half an inch behind the head of the fourth: the joint of the third, therefore, is slightly in advance of the joint of the fourth, and the joint of the fifth is considerably behind the joint of the fourth.

The fifth metatarsal joint is so much posterior to the fourth that the base of the first phalanx of the little toe is brought on a line with the head and neck of the fourth metatarsal, the head of the fifth metatarsal being opposed to the neck of the fourth (see illustration).

On account of the character of the peculiar tarsal articulation, there is very slight lateral motion in the first three metatarsal bones. The fourth has greater mobility, the fifth still more than the fourth, and in this respect it resembles the fifth

metacarpal. Lateral pressure brings the head of the fifth metatarsal and the phalanx of the little toe into direct contact



with the head and neck of the fourth metatarsal, and to some extent the extremity of the fifth metatarsal rolls above and under the fourth metatarsal.

The mechanism of the affection now becomes apparent when we consider the nerve-supply of the parts. The branches of the external plantar nerve are fully distributed to the little toe and to the outer side of the fourth; there are also numerous branches of this nerve deeply lodged in between these toes, and they are liable not only to be unduly compressed, but pinched by a sudden twist of the anterior part of the foot. Any foot-movement which suddenly may displace the toes, when confined in a shoe, may induce an attack of this neuralgia. In some cases no abnormality or other specific cause for the disease has been detected.

The question of treatment may be dismissed in a few words. In acute cases of this disease, where it has evidently been induced by an injury, the treatment should be by local depletion, anodyne applications, and rest, and, as in those less severe cases which do not seem to demand operative treatment, a suitable, broad-soled shoe should be worn, which should lace up in front.

The greatest comfort and often entire relief is afforded by the use of a narrow, fine flannel bandage, which should cover

* Feeling convinced that this is a comparatively common affection, Dr. Morton would be obliged to his readers if they will send him brief clinical notes of cases coming under their observation.

the anterior part of the foot moderately firmly, so as to give absolute steadiness to all the toes, and tight enough to prevent any rolling or movement of the joints or toes upon each other. In very many cases this simple treatment has, with a properly-constructed shoe, given entire comfort. Even in the most severe cases this treatment should be fairly tried before an operation is decided upon.

In some cases, however, no treatment except excision of the irritable part will be of any service, and the excision of the joint of the toe, which is readily performed and quickly recovered from, will insure a complete and permanently good result.

ORIGINAL COMMUNICATIONS.

CHRONIC BRIGHT'S DISEASE OF THE KIDNEYS.

BY J. H. PRICE, M.D.,

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AN eminent authority says, "Kidney-disease is probably the most frequent cause of death in this climate,—in adults, a more common cause of death than consumption."

That the number of deaths from chronic Bright's disease is yearly increasing may be readily ascertained by a study of the vital statistics of the tenth United States census.

It is nearly one-third more frequent in males than in females, and this excess obtains at every age. Millard "thinks the explanation of this is to be found mainly in the fact that the male sex undergoes more exposure to unfavorable atmospheric influences, and that the same sex is more liable to renal and urethral inflammations, as well as calculus." The mortality from chronic Bright's disease shows a progressive increase from childhood to nearly the age of sixty; during the next fifteen years the mortality continues steady at a somewhat lower rate.

The consequences of chronic Bright's disease may be best understood by remembering what the functions of the kidneys are: viz., primarily to maintain the blood at a proper specific gravity by removing excess of water and excess of salts from it, as well as special nitrogenous excreta; the duty of the kidney is to regulate the quantity as well as the quality of the blood. Should these functions be inadequately

performed through harmful external or internal influences, we will have retention and accumulation of excreta in the blood to interfere with the assimilative nutritive changes, making their way out of the body by the intestines, skin, or, later, provoke inflammatory changes. While there are at least three well-recognized forms of chronic Bright's disease, each presenting considerable diversity as to cause, modes of origin, and symptoms, yet they have points of resemblance so strong and so numerous that they form an easily-recognized clinical group. This resemblance is due in a great measure to the fact that the structural changes in the kidneys, however varied, produce the same ultimate results,—namely, impoverishment of the blood from loss of albumen, with retention of effete matters of the urine,—and the more prominent symptoms of chronic Bright's disease arise from the changed composition of the blood and changes in the vascular system,—namely, thickened arteries, obliterated capillaries, and consequent interference with glands.

The symptoms in chronic Bright's disease are often influenced by a family tendency. Patients who come from a dyspeptic family complain of gastric disturbances, as nausea and vomiting; those who come from a phthisical family first present some pulmonary difficulty, as asthma, bronchitis, or frequent and very severe coryza; others have a tendency to nervous complaints, and will complain first of severe and persistent headache and results. These facts should lead us to look to chronic Bright's disease a good deal more than to almost any other chronic disease for the cause of obscure affections, and it is for this reason I make it a routine habit to examine the urine in every case of chronic disease coming under my care. In chronic Bright's disease any one of the principal organs of the body may be affected. Apoplexy, as is well known, is a serious and frequent accident, especially in the aged. It has been shown by statistics that three-fourths of the cases of apoplexy are due to chronic Bright's disease. If this fact were early recognized, much might be done to prevent this terrible accident. Millard, relative to this point, says, "In a numerous class of cases, nephritis exists in persons of good constitutions without assuming such proportions as to produce noticeable symptoms or seeming to deteriorate the health, and without being accompanied by the

presence of albumen. It is this class of cases, however, which frequently is accompanied by atheroma of the arteries, leading to apoplexy, without the ultimate cause of death ever having been suspected."

Chronic parenchymatous nephritis, chronic interstitial nephritis, and the waxy or amyloid kidney are the three best-known forms of chronic Bright's disease. These forms may be blended or combined, chronic parenchymatous nephritis in the vast majority of cases being primarily chronic or subacute; chronic interstitial nephritis, though said to have an acute origin in exceptional cases, is very rarely recognized as such, and may be practically considered primarily chronic; the waxy or amyloid kidney, as its name indicates, is always a chronic disease. By far the most prolific causes in common, observed both in chronic parenchymatous and chronic interstitial nephritis, are atmospheric conditions, damp, cold, unfavorable climate, check of perspiration, etc.; other causes, as malarious poisoning, syphilis, scrofula, alcoholism (from this cause more often secondary to changes in the liver than direct), lithæmia, pregnancy, heredity, cystitis, gout, lead-poisoning, and valvular disease of the heart coming next in frequency. The waxy or amyloid kidney may be consequent upon chronic parenchymatous nephritis or some dyscrasia, as syphilis, chronic abscesses; prolonged supuration, Pott's disease, caries, etc.

The symptoms of chronic parenchymatous nephritis are increased frequency of micturition, the quantity of urine, however, being below normal; the urine, which amounts in health to about fifty ounces in twenty-four hours, is reduced in quantity to twelve or sixteen ounces, the amount of urea being proportionately small; the specific gravity of the urine is usually higher than normal; the urine is always albuminous. The albumen, which in healthy blood is sixty-five in one thousand, in this disease is reduced to about sixteen parts. About the same time with the increased frequency of urination a certain amount of lassitude is developed; the patient experiences a loss of energy and physical strength. These symptoms are frequently accompanied by some renal pains which are often mistaken for rheumatic pains; persistent and unmanageable headaches and dyspeptic symptoms are common; pallor of the complexion, presenting a

peculiar ashy whiteness, is often noticed. These conditions do not fail to be followed soon by the tell-tale œdema of the eyelids or of the feet; nausea usually supervenes at an early stage; where the disease is further advanced there is emaciation, often marked anasarca, dropsy of the cavities, and also œdema of the mucous membranes, lungs, and intestines; in the advanced stages the dropsical effusions take the place of the urinary secretion. It is in this form of nephritis that dropsical affections are most frequent, occurring in most cases, and assuming their most formidable aspects, sometimes producing sloughing of the cellular tissues. An important fact concerning the existence of albumen in this form of nephritis is that it is never absent, and is often present in much larger quantities than in any other form. The amount of uric acid excreted does not vary much from the normal; urinary casts are always to be found, the granular cast being indicative of this form of nephritis and usually predominating; hyaline casts, and in certain conditions of the kidneys waxy and fatty casts, may usually be found. When there is pyelitis or ulcerative destruction of the kidneys, we often find shreds of connective tissue; pus-corpuscles and epithelia from the tube-system are always present, with a few blood-corpuscles. The above phenomena in the urine usually denote chronic parenchymatous nephritis, with acute recurrence.

Upon the subject of chronic interstitial nephritis, Millard says, "There is no organic disease which lingers so slowly in its apparent development as this form of nephritis: apparently even good health may be enjoyed after its development; uræmic headaches may even occur without albumen ever being found in the urine." Its early progress is often remarkably insidious, and readily escapes recognition, one of the first symptoms noticed perhaps being a gradually-increasing loss of strength; severe and persistent headaches, loss of appetite, nausea, bilious derangements, flatulence, diarrhoea, etc., being next in frequency; disturbances of vision, as seeing bright or dark specks or a haziness before the eyes, and a peculiar stare is sometimes noticed, among other symptoms; an unhealthy look is often developed, sometimes anæmic and usually pallid; the features appear blighted, and the hair may change its natural color to the

premature hue of old age; a frequent desire to urinate, the urine being passed in considerable quantities, soon becomes noticeable (the patient often is obliged to rise several times in the night to urinate); the urine is generally pale, clear, often soapy-looking; the specific gravity is usually low (1000 to 1014). Deep-seated violent pains in the limbs are not uncommon; bronchitis, asthma, pericarditis, and pneumonia are frequent complications in chronic interstitial nephritis; disturbances of the nervous system are frequent; the most amiable and sanguine dispositions may become morbidly depressed, peevish, suspicious, and impatient; sometimes mania, with suicidal tendencies, is developed; later on, intense itching over the whole body, and a urinous smell.

Coma is more likely to occur in this form of Bright's disease than convulsions, and is of serious import. One of the most constant and characteristic lesions of chronic interstitial nephritis is hypertrophy of the left ventricle, generally without valvular lesion: that this exists almost always in advanced stages is generally conceded.

Another sign which almost never is absent in advanced stages is a feeling of a uniform thickness of the arteries, like a smooth wire. It differs from senile thickening in that the latter is not uniform, but feels like a string of beads. The pulse is incompressible,—that is, requires a great amount of pressure to stop it. Hemorrhagic attacks are more common in this than in any other form of nephritis: they take place from the nose, from the stomach, and within the cranial cavity. Apoplexy as a cause of death in chronic interstitial nephritis is very common; dropsy does not occur, though there is often œdema of the eyelids and sometimes slight œdema of the feet; œdema of the lungs often brings about a fatal termination. "In regard to the presence of casts and albumen, it may be said that in the progress of a particular case nearly all forms of casts may be encountered, but a preponderance of any one of them affords an indication of the exact state of the kidneys: the apparent absence of casts from albuminous urine is no absolute proof of the non-existence of renal degeneration."

Chronic interstitial nephritis is not to be detected by the familiar and easy plan of testing for albumen alone. It has been

shown by Millard that "this form of chronic nephritis may for a long time exist, and even produce cirrhosis, without albumen ever existing in this form of nephritis." Bartells says, "Albuminuria is no constant symptom in this affection." In many cases albumen is found in very small quantities in the urine, at irregular intervals, requiring the most delicate chemical tests to demonstrate its presence. Professor W. H. Thompson says, "We may take as a rule that in about one-half the cases of six months' duration albumen will be found in the urine, in the other half it will be absent. Albumen is probably absent in about one-third of the cases from the beginning to the end of the disease." Dr. Millard, who has had an immense experience, says, "The conclusion that nothing is the matter with the kidneys because after several examinations of the urine no albumen is found is sometimes literally a fatal error: yet how numerous are the instances where, after the orthodox one or two chemical examinations, the kidneys are pronounced healthy!" He adds, further, that these false conclusions are not reached, as a rule, by the illiterate and uneducated practitioner exclusively, but by medical men who are considered eminent. To test simply for albumen, and that only once or twice, is often useless. It must be tested repeatedly; the quantity, specific gravity, and chemical peculiarities must be carefully noted; and, *most of all*, the phenomena *disclosed by the microscope* must be considered. Casts are comparatively rare in the urine of these patients, the hyaline variety predominating. Epithelia and oxalate of lime crystals are usually present. Much time and patience are sometimes indispensable to the examination of the urine of chronic interstitial nephritis, as it may vary greatly.

The waxy or amyloid kidney is a disease easy to recognize during life, perhaps more so than either of the other forms of renal disease. Extensive œdema and ascites mark this form; the urine is pale, watery, and passed in large quantities; albumen is sometimes found in the urine in large amounts, also numerous hyaline and fatty casts, the specific gravity being moderate. This form of nephritis is the most dangerous, hopeless, and rapid.

The great leader of the profession in this country, the late elder Dr. Austin

Flint, in a recent paper entitled "The Elements of Prognosis in Bright's Disease," said that in the popular mind the "name 'Bright's disease' at the present time had a prophetic import not unlike that of a verdict of conviction after a trial for life. It was regarded as a hopelessly fatal malady." In considering the elements of prognosis in cases of chronic Bright's disease, he said, "1st, the kidneys must not be damaged beyond a certain degree; 2d, the important organs of the body other than the kidneys must be capable of performing their respective functions satisfactorily; 3d, the laws of health relating to alimentation, exercise, etc., must be observed. Suppose these conditions to be fulfilled and a lesion of the kidneys to exist which diminished their functional activity one-half, and the disease was not progressive; life and health would be compatible with the existence of chronic Bright's disease for an indefinite period." Drs. Janeway, Draper, Delafield, Loomis, and Barker corroborated the conclusions drawn by Dr. Flint. Dr. James Tyson says, "It is a popular error that Bright's disease means death," and that he would rather have Bright's disease than phthisis. Dr. W. H. Thompson says, "If you can get the kidneys to secrete urine of 1025 in specific gravity, and in quantity a pint and a half for the twenty-four hours, you can give a good prognosis." Dr. Millard says, "It is by no means necessary to take a despondent view of the situation because casts, renal epithelia, or albumen are generally found. Other conditions, as the rational symptoms, the constitution of the patient, a decision, if possible, whether the disease is extensive or small in amount, must be considered before prognosis is formed. There are many well-marked cases in which the physician is justified in extending a most favorable and hopeful vista, if not a cure, at least of practically good health."

These encouraging words from some of the most eminent and best qualified of the profession to speak upon this subject are fraught with significance. My own experience leads me to take a most hopeful view of the outcome of many of these cases under proper care and good treatment. This view is based upon the recovery of a number of apparently hopeless cases occurring in my practice, some of which I give to illustrate this fact. Many of the same

remedies and measures of treatment apply equally in the different forms of chronic nephritis: still there are differences required, often of an essential and vital character. We will surely err if we rely solely upon drugs. It will be fortunate if the patient be so situated that he can have the advantage of rest, mentally and bodily. The influence of the latter has been shown to be of the greatest value in diminishing albuminous exudation from the kidneys. Fatiguing exercise must always be avoided. In unfavorable seasons of the year it might be important for the patient to have recourse to a southern climate. Bodily warmth is essential in all seasons of the year. If a patient can be made comfortable at home, I believe that to be the best place for him. The warm room, good nursing, food, etc., to be had at home among friends are of inestimable value in these cases. Fleece-lined or silk undergarments, according to the season, should be worn next to the skin the entire year. I would especially recommend for these patients the "Jaros hygienic underwear:" these garments are light, warm, and delightfully soft. They afford full protection to the body against sudden chilling. Dietetics are of great importance. In chronic parenchymatous nephritis nitrogenous food in proper quantities is beneficial; in chronic interstitial nephritis, the loss of albumen being small, animal food to a great extent should be avoided. In either case, if the patient be of full habit, a purely milk diet will give the best results. I furnish each patient with a diet-table, arranged to meet the special indications in his particular case.

The amount of animal food must depend upon its effect upon the patient's system and condition. Certain alcoholic beverages are sometimes useful, and do much towards stimulating the depressed energies and limiting waste of tissues.

Hot-air or vapor baths often serve a good purpose, and under the advice of a physician may be employed frequently. In advanced cases the use of jaborandi or pilocarpine may take the place of baths. The remedies that I have found most useful in the treatment of these cases are hydrarg. corrosiv. chloride, digitalis, quiniæ bisulph., citrate of caffeine, nitroglycerin, chlor. aurum et sodii, tinct. ferri chlor., and the mixture known as the "four chlorides."

There are many remedies that in special cases are very useful; but those mentioned have in my practice given the best results in the largest number of cases.

Case I. Chronic Interstitial Nephritis without Albuminuria.—C. E., aged 38, farmer, consulted me in March, 1880. Family history good. He had done service during the late war, and contracted chronic diarrhoea and "chills and fever," from which he suffered for several years. For the past two years his health has been miserable; could perform no manual labor whatever; for six months past the slightest exertion brought on terrific asthmatic paroxysms, vertigo, and palpitation of the heart; has severe headaches, insomnia, loss of appetite, constipation, and nausea; looks pale and emaciated. He had noticed swelling of eyelids and feet for some time past. The heart is hypertrophied, but no valvular lesion; pulse 110, with tense, wiry feeling; urine pale and soapy-looking; passes nearly six pints in twenty-four hours; specific gravity 1006; no albumen; hyaline and a few granular casts; kidney-epithelia and oxalate of lime crystals were seen under the microscope.

After three months of active treatment, improvement began, and continued up to the time I pronounced him cured, two years later. He does heavy work upon his farm all the year round, and is at this writing apparently as well as ever he was. During the first year he began to labor he would have an occasional "twist," as he expressed it, with his heart or the asthma. At no time during the progress of the case was albumen found in the urine.

Case II. Chronic Interstitial Nephritis without Albuminuria.—A. S., aged 28, single, waiter-girl, consulted me July, 1883. Family history not known. She had been losing strength and weight for a long time; she is pale, emaciated, and complains of a constant tired feeling, loss of appetite, sick headaches, vertigo, and dimness of vision; her heart troubles her a great deal; she is constipated, and has frequent desire to urinate. An examination revealed an enlarged heart, no valvular lesion, arteries hard and tense. She passes about four pints of urine in twenty-four hours, pale and watery, specific gravity 1010; a few hyaline casts only are seen under the microscope.

After eight weeks' treatment, she began to improve. At the end of the third month, contrary to my advice, she discontinued treatment. In April, 1884, I was called in haste to see her. I then learned that she had continued in fair health until the last of February, since which time she had rapidly grown worse. At the time of my visit she had experienced severe cramps in her abdo-

men and fallen to the floor in a faint. She had the appearance of being very ill with a fatal disease; but I determined to give her the benefit of active treatment. She rallied, and after weeks of anxiety she began to improve. In October, 1885, I pronounced her cured, and she has continued to enjoy good health since.

Case III. Chronic Parenchymatous Nephritis.—The husband of Mrs. L., aged 32, of Waverly, New York, wrote me in regard to her case in September, 1883. I sent directions how to prepare samples of urine to send to me for examination, also a list of questions, from which I learned the following history of the case. For two years past she had suffered from great lassitude and emaciation, dimness of vision, dull headaches (at times very severe and prostrating), nausea and vomiting, frequent attacks of bronchitis, frequent micturition in small quantities, swelling of the feet and body, much thirst. The urine contained a considerable amount of albumen and granular casts. Her case had been pronounced incurable by two physicians who had been treating her. I immediately put her under treatment. I saw her at intervals of a week for several weeks. At the end of twelve weeks she began to improve. I kept her under observation and treatment for two years, after which time I considered her cured. I saw her last week, and she continues in good health.

I could cite many more such cases ending in recovery; but these will, I hope, sufficiently prove to your minds that we need not necessarily give a gloomy prognosis because the symptoms are grave or because the case has been given up by other physicians; but let our motto ever be "*Nil desperandum.*"

VISITS TO THE FORUM OF THE WHIPPING-POST.

BY G. M. BRADFIELD, M.D., AND THOMAS H. ANDREWS, M.D.

(Read before the Medical Jurisprudence Society of Philadelphia, and ordered to be printed by resolution of the Society.)

TO labor through an encyclopædic essay upon the "scourge" would argue a poor appreciation of the honor conferred in inviting us to address you upon our personal observations and impressions of the whipping-post. Nor shall we dwell upon the historical aspects of our subject, merely observing, in passing, that whether in Rome, the symbol of retaliative justice, in Asia Minor, in the shadow of the Pyra-

mids, in Africa, or in the Western hemisphere as the awful adjunct to the dreadful crime of human slavery, wherever and whenever it has existed, the lash degraded the power that used it, and has been shown by experience to be brutalizing instead of civilizing in its effects.

The writers of this paper, having personally visited the locality, and on two occasions during the last year witnessed the public whipping of a number of men in a neighboring State, have thought an account thereof might be acceptable to the Medical Jurisprudence Society and visitors present.

In view of the suggested renaissance in our commonwealth of this ancient form of punishment, the facts as noted, as well as those elicited from worthy citizens of the locality where it is in vogue,—those of the experienced and of thinkers upon the topic,—will be presented as fully as our limited time will permit.

We are all well acquainted with the history of that quaint old county-seat or penal centre of the forum of Delaware,—New Castle,—with its ancient flavor, the straggling old court-house, jail, and market-house grouped around a cobble-paved square, and its background of river, flat horizon, and hazy atmosphere.

In the rear of the brown-walled prison, enclosed by a rough-hewn stone wall, is to be seen the engine of justice, its heavy oaken stem upholding, at ten feet in the air, a large, square platform, like a huge brown toadstool. This, in turn, supports a T-shaped upright, capped, at five feet, by a horizontal cloven plank with two pairs of arm-holes, through which the wrists of felons are pinioned. These constitute the pillory. The centre-post below, or stem of the whole, bearing at its sides, at more than forehead-height from the ground, two stapled iron hasps, iron-pinned, is the "whipping-post."

At our first visit, the culprits, one by one, stepped into the open air from a rear door of the prison, already stripped nude as to the upper parts of the body, the lower clothing held by the hands as they in turn approached the post in company with the warden. He deftly placed the unresisting wrists within the iron loops on the sides of the pillar, exposing the naked back from above the waist to the sheriff, who stood at the left side poising in hand the formidable "cat-o'-nine-tails," while

the warden, posted opposite, read loudly from a tally-sheet in hand the prisoner's name, offence, and sentence.

When this ceremony was concluded, the whipping began. The sheriff, lightly raising his arm, using the forearm only, struck, after a sweep of a small part of a circle and not too hard, blow upon blow on the smooth, naked back, while the warden's harsh voice counted and scored each stroke.

The heavy whip, with its square-edged, snake-like length of many roughened thongs (as may be readily credited on inspection), could be made a horrible means of agonizing torture; and, permit us to say, this is perhaps the real cause both of the seeming strength and real weakness of this penal mode. The infliction lacks precision, which is an essential of justice. Punishment by the lash can never be an exact quantity; it "is variability itself," to quote Bentham; and when compared with that executed by unvarying mechanism, as wrist-suspension, treadmill, shower-bath, or the "solitary" among other not unharsh mechanical forms, it is uncertain, indefinite, unmanageable, incomputable, unsatisfactory,—ranging in severity from a bloody, sickening, flaying butchery to a mere perfunctory dusting of the offending back, in direct proportion to the sentiment or venality of the acting official.

While the actual number of blows must be a matter of fact, as per sentence, the location, the amplitude, the force of each may vary, as we witnessed, at the option of the officer. Here enters the element of personality, or personal feeling, which should not be a factor in any legal punishment.

There was apparently in the cases seen, if we except a decided involuntary convulsion towards the whip, but little cringing on the part of the men, and close after-inspection of their backs showed neither elevation nor breaking of the skin. On questioning them, there seemed to be a decided absence of any great indication of punishment. Three of the seven addressed spoke in the lightest vein of the affair, two of them repeatedly asserting that they would cheerfully submit to a repetition in lieu of their short terms of imprisonment of some six or eight months.

Of the seven, two were white; and even in these the cuticle of the back was not visibly affected by the operation.

Need we add that the sheriff and warden, as is notably the case in our land, were men of intelligence and feeling, and offered us every facility for our investigations?

In three of the cases above noted, one hour had been spent previously wrist-held in the pillory's elevated stocks on each of our visits, the hats of the men having been kindly adjusted by the deputies as a protection against the May sun or the November snow. The sixty minutes spent in this cramped, unmoving position seemed trying only to the taller of the subjects, but while in the pillory, as while firmly clamped, facing the flogging-post, there was still to be noted a decided self-consciousness, and a spirit of bravado not unmixed with a certain mental exaltation which is often to be seen in the objects of a public administering of penalty. This coolness—not to say assurance—under fire was shown in the case of one of the two white men by the following incident. After the sheriff had done his work, the hands of the supposed sufferer being quickly released, he was about to move away, but stood still for some minutes at the calm request of a photographer (not from Philadelphia), who had not as yet made his slow picture.

The whole effect of this scene might have been ingenuously refreshing, were it not for the obvious legal and medical questions involved. The legal mind, we think, might have decided these unfortunates as "out of court," and fit subjects for the "reformatory" only.

To the medico-legal mind they were, as shown by their histories, offences, and development, "moral idiots." One of them (white) suffered for petit larceny; was a kleptomaniac: he was convicted of stealing goods which had been brought to his own house, the fruits of a "donation-party." Another, with the rude *alias* of "Sugar Awful" (colored), had stolen his way through life, from the "sugar of infancy" to the pair of shoes at nineteen years, and had been publicly whipped more than seven times. Of the men whom we saw whipped, but one received the "cat" for the first time. After ten lightly-applied lashes to one client, the official said in a stage-whisper to one of the writers of this paper, "I heard the evidence in that man's case, and I am not assured as to his guilt, so you see I let him off easily." "It is the first time he was whipped," he said,

significantly, after another case, where he had struck but airily, allowing the thongs to spend their light force upon the waistband of the fortunate culprit's trousers. "Thank you, sheriff," said another to that officer, after the castigation.

These exhibitions are open to the public, in a certain sense, and when the gates of the court-yard were thrown open, on the hour, we noticed that the populace in this case consisted of perhaps a score of unkempt urchins,—these apparently from face and garb had come only from that boys' lack of other interest which is common to their kind,—a few colored idlers, the officials, newsmen, and one or two of the oldest if not the most respectable inhabitants.

The good people of the town, with one accord, seemed to shrink from the affair, and in conversing on the subject seemed to take but a melancholy and deprecatory interest,—one or two declaring to the writers that the "next session of the Legislature would or ought to relegate to deserved oblivion this form of penalty."

As an offset to censure, which is so easy, let us hasten to say that occupying the same cell with that "Sugar Awful" and his companion, noted above, were two colored juvenile burglars, whom we talked with, and who we were told would not be whipped, but sent to the "reformatory school" now being finished.

We saw with satisfaction that the effect of the fate of these juniors was noticeably good upon their two room-mates, veterans of the "cat."

Another informant (conversing upon the topic of public whipping) asserted that the judiciary, being perhaps among the most venerable and august, only permitted this archaic anachronism from the inertia of precedent. It would appear that conservatism, that excellence of law, prevents the dropping of this penal form from the code, but does not hinder it being but rarely and then only lightly applied, and that chiefly to almost the same luckless individuals, who are presumably "used to it!"

It is likewise to conservatism that the opponents of the rehabilitation of this mediæval punishment look for its non-success in this State. A well-known educated resident gave as his opinion that whipping was a farce, the letter of the law and not its spirit,—the same culprits regularly returning to be whipped two, three, and four times. "However," he

said, "the increasing influx of immigrant artisans and residents from other States is rapidly leavening the community into broader views."

The facts reached by talks with the inmates of the jail showed that this punishment was never unaccompanied by, but was always additional to, imprisonment; that flagellation was entirely without any admonitory or preventive effect; was the award only of the lesser misdemeanors,—those against property and not against persons,—petty theft and larceny; was not a part of the sentence in the greater offences; was not unfrequently remitted by the pardoning power; was not applied to the more ambitious class of malefactors. The unanimous expression of the men within the bars was that the "odium of the lash" clung to one inevitably and irrevocably; while the stigma of imprisonment was not recalled, and did not leave the same evil reputation.

One man who has been for some time, and is now, incarcerated was flogged some years since to the extreme of cruelty, and, in the words of the officials and his fellow-prisoners, as well as his own, "this was the result of personal and family spite on the part of the powers that were and acted."

The penalty is, the writers think, retributive or retaliative, and Bentham says retaliation is "too expensive;" it "is incompatible with that apportionment which the law ought to make of the punishment to meet the several circumstances of aggravation or extenuation found in the offence."

The same venerable "utilitarian" authority quotes the "Arabs as being a vindictive people, to whom the retaliative laws of the Koran were pleasing," and quotes the "Chinese as endeavoring to govern the uncertainty and variability of flogging by iron rules as to the length and thickness of the bamboo to be used." But, to use his words, "the element of uncertainty is the degree of force of the stroke,—there as here." Again he says, "Its infamy is its weakness." In his book, "The Rationale of Punishment," as quoted above and as follows, he says, "Acute corporal punishments are exceedingly uncertain, unequitable; are extremely variable in intensity, but not in duration; the evil of the punishment must not exceed the evil of the offence: it is unprofitable if the official produces more than he has prevented."

Thus we have stated the economics of punishment according to Bentham.

Sir Edmund Du Cane, Inspector and Surveyor-General of Prisons, in his work published in London, 1885, states that "The pillory was there abolished in 1837; women were whipped, not always in private, almost to the end of the eighteenth century; and, while the enactment providing for flogging has not been repealed, public opinion has not permitted it for many years; that the Scotch law permitting schoolmasters to use the rod is honored not in the observance."

E. W. Cox, Serjeant-at-Law and Recorder of Portsmouth, England, in his work, London, 1877, says that "The very visible harshness of ignominious punishment, by inevitably rupturing the family relation of wife and children, will prevent in the greater number of cases the beaten wife from testifying against her brutal husband." This, please notice, in thickly-peopled England, where wife-beating is perhaps indigenous.

The Constitution of Pennsylvania of 1776, in the Bill of Rights, Section 39, Article II., says, "To deter more effectually from the commission of crimes by continued visible punishments of long duration, and to make sanguinary punishments less necessary, houses ought to be provided for punishment by hard labor," etc.

The Constitutions of Pennsylvania, both of 1790 and 1838, agree verbatim in the provision that prevents "cruel or unusual punishment." That of 1873, as amended, prohibits "cruel punishments."

One of the writers of this paper believes with Bentham, already quoted, that "could the variability of the penalty be removed by constructing a machine of rotating cylinders armed with a definite number of rattan-caness revolving at a known speed,—thus removing the personal factor which might be venial or sentimental,—then only would the punishment of whipping be admissible."

Facts, the other writer believes, bear him out in the statements that flagellation is not admonitory, is demoralizing and destructive of those better feelings, incentives to right-doing, inherent from education more or less in all men, and called conscience. It is not reformatory,—the victim's self-respect, in whatever de-

gree possessed, being rudely shocked; its very brevity admitting no thought, no repentance. It is in a degree ignobly, violently final, and no act of a pardoning power can restore the former condition. It is retaliatory, and would fulfil, in the circumstances under which its revival is thought of, the Hebraic law of "an eye for an eye," etc. Its sharp brevity outweighs its seriousness as a penal mode. It is reflected ignominiously upon wife and children, though desired to be aimed at her and their protection. It is brutalizing to the recipient, to the flogging officer, to the witnesses, to the community; being essentially a gruesome relic of that other relic of feudal barbarism, chattel-slavery!

To descend to the *argumentum ad hominem*: not the flogging, retributive teacher was the guide of our youth, but that one—admonitory, reformatory—who taught, guiding by unwavering but kindly firmness, iron-handed in a velvet glove, our wayward footsteps towards whatever of good may have been reached in life. This spirit, we think, is the spirit of the penal law of to-day.

In answer to letter-inquiries addressed by the writers of this paper to a number of experienced observers of this mode of punishment, the following responses were received. The police-captains of the several districts of Baltimore, six in number, are about evenly divided as to the effect of the law, now and for the last two years in force in that commonwealth, punishing wife-beaters at the whipping-post.

One captain writes, "The first case in my district was a colored man, charged with brutally assaulting his wife, tried, and sentenced by court to twenty-five lashes. Almost immediately after the sentence had been executed, the offence was repeated. In my judgment, the flogging of a white man is degrading, does not improve his moral nature, and is not a preventive of crime."

Another captain replies, "In answer to your inquiries as to the law inflicting whipping as a punishment for wife-beating, I beg leave to give the following opinion. I am unable to say that it is altogether a preventive, as a large majority of wife-beaters are men of drunken habits, who when sober regret having committed the offence, and when drunk know not what they do."

Another captain says, "There have

been only two convictions in the criminal court under the law, and I find in the district of which I am captain that there are now very few arrests for assaults on wives, where before it was of almost daily occurrence, and I think to some extent the wives do not make complaints against their husbands as formerly."

Another captain responds, "It has had the very best effect, and we do not have half the number of wife-beating cases in the Eastern District that we had before the passage of the above law. The brutes dread the lash. I think, though, there are many cases where the wife silently submits to the cruel treatment of her husband rather than have him arrested and disgraced at the whipping-post."

Again, one captain writes, "Since the whipping-post law was inaugurated and men have suffered the penalty for brutally beating their wives, the offence has been less frequent. Whether this state of affairs is due to the severe punishment cannot be definitely ascertained; but the probabilities are that the law acts as a preventive. Men of the class of wife-beaters are deterred by the fear of physical suffering under the lash and of the disgrace consequent upon their undergoing the penalty. One partial explanation, however, of the comparative infrequency of the crime at present is the unwillingness of a woman to prefer a charge and afterwards testify against her husband, however brutally he may have beaten her. This fact was obvious before the law was passed, and naturally would be the case in a greater degree now. As to the reformatory and moral influences of the whipping-post, for both may be considered together, it is my humble opinion that they are null and void. True reformation is not compassed by means which, as experience in general demonstrates, tend to harden and brutalize a man. Reformation is produced by influences which appeal to the better nature of a human being; but, the castigation once administered, the offender goes out again into society reformed, it may be, in the one particular of wife-beating, but with such bitterness against the law and society which countenances that law that he may be led to commit wrongs against society greater than his original offence."

The same inquiries to the warden of Sing Sing Penitentiary brought this reply: "We have dispensed with flogging, tread-

mill, shower-bath, and all other punishments in this prison except the dark cell and suspension by the wrists. In my opinion the world is advancing, and going back to flogging as a means of punishment is a step backward towards barbarism, and consequently public whipping would lower the standard of public morals."

The warden of Joliet Penitentiary, Illinois, answers thus: "I have never seen a case of public whipping, and consequently know nothing of its effects from observation. My impressions are against it as a reformatory or preventive measure."

A letter of inquiry addressed to Hon. Frederick Douglas, ex-marshal of the District of Columbia, drew the following from that monumental man of his race:

"WASHINGTON, D.C., April 22, 1886.

"DEAR SIR,—If for any offence in the world a human being should be stripped to the waist and lashed till his warm red blood shall stain the earth beneath, it is the offence of subjecting his wife and the mother of his children to that torture; but I am not sure of the wisdom of this sort of retaliation. In resorting to flogging, something more should be thought of than the just punishment of the offender. We must consider the effect upon the man thus punished and the man who is required to administer the punishment; and if we succeed in whipping the brute out of the one and at the same time only whip the brute into the other, little has been gained to humanity and decency by the operation. I know of few things better calculated to blunt and destroy all humane sensibilities than tearing the living flesh of a man with a blood-clotted cow-skin. The man who does it is unfitted for all moral and humane influences, and diffuses brutality in every breath. Sad, indeed, it is for the world, if only by flogging can men be made to refrain from beating their wives. Wife-beating is generally the result of drunkenness. Men do not beat their wives when they are sober. The wise thing is not flogging the wife-beater, but to do away with that which makes him a wife-beater, and that is strong drink. I am for putting it out of the power of a man to get that which tends to make him such a brute. Prohibit the sale of ardent spirits, shut up the saloons, break up the drinking habit, and you will soon be rid of wife-beating.

"Coming from a condition of slavery as I have, where everything was done by the whip, I have perhaps a greater horror of flogging than I might otherwise have. Be this as it may, I would try many other expedients before I would resort to the whipping-post as a remedy for wife-beating.

"I write in haste, but I have said enough to indicate my views on the point upon which you have done me the honor to ask my opinion.

Truly yours,

"FREDERICK DOUGLAS.

"To G. MILTON BRADFELD, M.A., M.D.,
Recorder of the Medical Jurisprudence Society of Philadelphia, Pennsylvania."

REPORT ON TOXICOLOGY AND STATE MEDICINE.

BY GEORGE H. ROHÉ, M.D.

(Continued from vol. xvi. page 925.)

II.—STATE MEDICINE.

ADMINISTRATION OF SANITARY LAWS.

DR. O. W. WIGHT, the efficient health-officer of Detroit, read a paper before the Michigan State Medical Society, in which he pointed out the necessity of a new plan of public sanitation. He proposes that the county shall be the unit of sanitary administration. A tax of ten cents per capita should be levied by the State for sanitary purposes. In a county of thirty thousand inhabitants this tax would produce (if collected) three thousand dollars per year. One-half of this should go to pay the health-officer, who should be a physician; the other fifteen hundred dollars should pay the salaries of a clerk and an inspecting-officer. There should be a county board of health, composed of two physicians and one lawyer, to serve without compensation. They should be appointed by the board of county commissioners; the board of health should appoint the health-officer, and the latter should appoint his clerk and inspector. "The health-officer thus appointed, before qualifying and entering upon his duties, should be required to undergo an examination by the State board of health, for the purpose of having his fitness for the place fully determined. In addition to his medical knowledge, he should also know the elements of sanitary engineering, of chemistry, and of the law of nuisance; he should be perfectly familiar with the laws which he is to administer; his executive capacity and his character for industry, impartial justice, discretion, and moral courage should be taken into consideration. His tenure of office should be during good behavior, and he should be clothed by law with the necessary powers of independent action."

[When the millennium arrives, some such

scheme as that proposed by Dr. Wight may work. His own experience with boards of health and council committees has doubtless shown him that his plan is premature. The model health-officer for years to come will be of the prevailing type of ignorant, time-serving politician. Whether he has M.D. as a pendant to his name does not much matter. In fact, the medical politician generally has even less backbone than the other sort when the "boss" demands places in the department for his favorites.—R.]

THE UTILIZATION OF SEWAGE.

Want of success in disposing of solid excreta, whether collected by means of the dry-earth, Rochdale, or Liernur systems, has led American sanitarians to turn hopefully to the intermittent infiltration system, as practised in many places in Great Britain, Germany, and France. In this country the system—in combination with the separate system of sewerage—has been adopted at Pullman, Illinois, and Atlantic City, New Jersey,—in both places, it is stated, with great satisfaction. At the insane asylum at Norristown, Pennsylvania, Colonel Waring (this journal, April 30, 1886) has recently completed a plan of drainage, with ultimate disposal of the sewage by irrigation, which seems to be complete in every particular and to answer all the demands of sanitary science. Colonel Waring, who has studied the subject more thoroughly perhaps than any other engineer or sanitarian in this country, has arrived at the conclusion that the system of sewage-disposal by intermittent surface-irrigation "answers every requirement of simplicity, safety, and decency."

CREMATION OF GARBAGE.

The disposal of refuse by burning has been advocated by many sanitarians. At the last meeting of the American Medical Association a good paper (not yet published) was read upon the subject by Dr. G. S. Franklin, of Ohio, and at the sanitary convention of the Pennsylvania State Board of Health a description was given of an apparatus designed to dispose of human excreta in this manner.* J. Zellweger† also publishes designs of a garbage-furnace, and points out the requisites for such an apparatus. According to the latter

writer, the cremation of garbage consists of several distinct processes, classified as follows: (1) drying of the fresh charge, (2) destructive distillation of the dry matter, (3) burning of the remaining charcoal and coke, and (4) decomposition and oxidation of the organic vapors and gases produced in drying and charring the garbage.

"These several processes must be carried on separately, and in different parts of the furnace, so that the consumption of heat does not interfere with its production. It is essential, for the successful cremation of garbage, that the full calorific power of the fuel be developed and all the available heat be transferred to the fire-gases before these are allowed to mingle with the aqueous vapors and organic gases rising from the fresh charges in the furnace. The heat produced by the combustion of charcoal, coke, and the gases expelled by destructive distillation is then brought to act upon the gases mingled with and protected by steam to decompose them, and to cause their oxidation in the accompanying air."

The furnace designed by Mr. Zellweger seems well adapted for securing the results above stated at a reasonable cost.

The Health Committee of the Wheeling (West Virginia) Common Council has recommended the adoption of the system in that city. It is said that a furnace of sufficient capacity for the purpose could be constructed for two thousand and fifty dollars, but no estimates are given of the cost of running the same. Wheeling had a population in 1880 of 30,737.

PROPRIETARY AND PATENT MEDICINES AND THE PUBLIC HEALTH.

Dr. Frank Woodbury, in a paper read before the Pennsylvania State Sanitary Conference,‡ called forcible attention to the alarming frequency with which narcotics, stimulants, and other classes of medicines were consumed by the public without directions of a physician. In view of the absence of all effectual restrictions upon the sale of medicines in this country, he advocated the following conclusions:

1. The examination of all proprietary medicines by a government or State commission of experts, which shall have power to permit the sale of such as are harmless or especially likely to prove serviceable,

* Annals of Hygiene, August 1, 1886.
† Sanitary News, February 27, 1886.

‡ Annals of Hygiene, August, 1886.

and to prohibit the sale of all which are liable to do injury, and particularly those which are found to be worthless and frauds upon the public. Such a commission was appointed by the Japanese government several years ago, and has been found to be of great service in that country.

2. The instruction of the public to properly estimate drugs, and to regard every unknown medical agent as dangerous and endowed with capacity for harm. Let them endeavor to escape the caustic criticism of a Molière upon those who "pour medicine about which they know little, into bodies about which they know less, in order to cure disease about which they know nothing at all."

TYPHOID FEVER AND POLLUTION OF DRINKING-WATER.

Dr. Charles Smart, Surgeon U.S.A., read an excellent paper before the Pennsylvania Sanitary Conference upon "Wholesome Water for Cities and Towns" (this journal, June 26, 1886), in which statistics are given to show the influence of an impure water-supply upon the spread of typhoid fever. Thus, for the past ten years, the average annual mortality from typhoid fever for every 100,000 of population was 66.1 in Philadelphia, 52.5 in Baltimore, and 24.6 in New Orleans. The water-supply of Philadelphia is contaminated with sewage; that of Baltimore, generally pure, is partly drawn from pumps, which necessarily furnish exceedingly impure water; while that in New Orleans, being almost exclusively rain-water, collected in cisterns above ground, is little subject to sewage-pollution. The result is shown in the typhoid mortality, which is less than half of that of the sewered city of Philadelphia.

BRASS-FOUNDER'S AGUE.

A graphic account of the group of symptoms known under the above name is given by Hirt, in his work on the Hygiene of Occupations. This author had two attacks himself, and is therefore competent to describe the symptoms, which he does as follows. "A few hours after attending the process of brass-casting, one notices a peculiar, uncomfortable sensation over the whole body. More or less severe pains in the back and general lassitude cause a discontinuance of the ordinary occupation. While the pains appear now

here, now there, and are extremely annoying, no changes in the pulse or respiration are noticeable. In a short time, however, usually after the patient has taken to the bed, chilliness comes on, which soon increases to a decided rigor, lasting fifteen minutes or longer. In the course of an hour or less the pulse now reaches a rapidity of 100-120 beats per minute. A tormenting cough, combined with a feeling of soreness in the chest, comes on. In consequence of the repeated acts of coughing, the increasing frontal headache produces extreme discomfort. Soon, however, usually after a few hours, the height of the attack is reached, free perspiration indicates the stage of defervescence, and during the gradual diminution of the symptoms the patient falls into a deep sleep, lasting several hours. On awaking, a slight headache and lassitude only remain as reminders of the attack."

Although it is said that about three-fourths of all the workmen in brass-foundries suffer at some time from this affection, reports of cases are rare. This will give point to one related by Dr. Suckling.* The man worked directly over the casting-shop, and whenever any casting was done he had an attack, the symptoms corresponding pretty nearly with those above quoted from Hirt. Dr. Suckling found benefit from the administration of iodide of potassium.

It is uncertain whether the symptoms are due to the fumes of the copper or of the zinc used in making the alloy. Perhaps both are partly responsible.

PROPHYLAXIS AGAINST DISEASE IN FACTORY-LABORERS.

At the meeting of the American Climatological Association held in Philadelphia, May 10 and 11, 1886, Dr. J. H. Musser made some practical suggestions looking to the prevention of that state of the system which often leads to phthisis. He believes, no doubt justly, that ill health in mill-operatives is often due to lack of sufficient food. He stated that a large cotton-manufacturing company, the Willimantic, had introduced an excellent plan to preserve the health of their operatives, and urged that all the members of the Association should endeavor to secure its general adoption by factory-owners. The plan consists in supplying the operatives twice

* British Medical Journal, March 27, 1886.

daily with good, easily-digested food; the boys receive milk, and the women bouillon, by which is probably meant a soup or broth, and not beef-tea, for the latter has little food-value.

SANITARY INSPECTION OF SCHOOLS.

In Hungary the following regulations governing the sanitary administration of schools have recently been established:

Every middle-class school is to have a medical officer, who will receive an annual salary of two hundred florins in schools where a complete course of instruction is given, and one hundred florins in other schools. He must examine all the pupils at the commencement of each scholastic year, and keep a constant watch over their health, and must give special attention to the prevention or eradication of infectious diseases. He will also give advice during gymnastic exercises. He will also keep watch over the instruction in general, and if he observe any deleterious influence in operation, with regard either to the whole school or to individual pupils, he will bring the same to the notice of the director of the school. In the upper schools he will give instructions in hygiene for two hours each week to those pupils of the higher classes who may desire to receive it, the subject being treated in an easy and popular manner.

In Paris, also, regulations governing the sanitary administration of schools have been adopted. In the girls' schools a young woman with a medical education has been appointed a sanitary inspector. Her duties are to see that the girls are not overworked, and that they perform their tasks under the best sanitary conditions possible. This is a long step in advance. Its adoption by school authorities in this country will mark the beginning of a new era in public hygiene.

A HYGIENIC SCHOOL-DESK.

Dr. Priestley Smith* states that a hygienic school-desk must have the following requirements:

"1. The seat must be of such height as will allow the scholar's feet to rest flat upon the floor or foot-board, and broad enough to support the greater part of the thigh.

"2. The seat must have a back placed at such height as to fit the hollow of the back

below the shoulder-blades and support the body in a vertical position.

"3. The near edge of the desk must be just so high above the seat that when the scholar sits square and upright, with elbows to the sides, the hand and forearm may rest upon the desk without pushing up the shoulder.

"4. As used in writing, the desk must have a slope of 10° – 15° (about 1 in 5). As used in reading, it must support the book at an angle of about 45° , and at a distance of at least 12 inches from the eyes: 16 inches is better (30–40 cm.).

"5. As used in writing, the edge of the desk must overhang the edge of the seat by an inch or two, in order that the scholar shall not need to stoop forward, and that the support to the back may be maintained.

"6. Either the desk or the seat, or some part thereof, must be movable at pleasure, so that although the desk usually overhangs the seat, the scholar may be able at any time to stand upright in his place.

"7. The desks and seats must be of various sizes, in order that the foregoing conditions may hold good for scholars of various ages."

[The reporter, in his "Text-Book on Hygiene" (Baltimore, 1885, p. 157), had already distinctly formulated these requirements. But sanitary preaching will have little effect upon matters of school hygiene until sanitarians become members of school-boards, and sanitary inspectors in fact, and not in name only, are a recognized part of the school administration.]

TRANSLATIONS.

INDIRECT INNERVATION OF THE SKIN.—

At a recent meeting of the Academy of Sciences, M. Vaulair, in a note on the indirect innervation of the skin, stated that in numerous instances it had been observed that sensibility remained after some of the principal nerves had been cut. In some instances sensibility of the peripheral nerve-end remained intact, though totally severed from its central extremity. MM. Arloing and Tripier have demonstrated that recurrence, added to the further fact of peripheral diffusion of the nerve-fibres, explains the apparent paradox of the existence of sensibility in the peripheral nerve-end after section, and, therefore,

* Ophthalmic Review, June, 1886.

cutaneous sensibility. These hypotheses, based on the excellent scientific researches of MM. Arloing and Tripier, have been accepted by all physiologists. But these investigators, believing in an intimate relation between these two phenomena, have neglected to define the part played by recurrence, also that of the collateral diffusion of the fibres, and have likewise passed unnoticed the return of sensibility after its preliminary suppression, occurring independently of nerve-regeneration.

These special points M. Vaulair has by experimental research striven to elucidate, and concludes from his researches that recurrence and collateral diffusion are two thoroughly independent phenomena. The latter is by far the most important, and alone assures cutaneous sensibility. After severing the nerves, exchange of nerve-force among the peripheral nerves occurs among branches of the same nerve; also among nerves belonging to the same plexus. The collateral fibres travel into the deep tissues of the limbs, issue from the surface of the aponeuroses, and separately penetrate into the skin. Suspension of sensibility does not result from paralysis of the peripheral end, but from an inhibitory action proceeding from the spot presenting lesion and gaining the centre of the fibres attacked; thence it spreads to the neighboring nerve-centres. This influence is gradually exhausted, and thus sensibility gradually returns.

CHEMICAL CHARACTERS OF URETHAN.

—At a recent meeting of the Academy of Sciences, M. Berthelot presented a note by M. G. Jacquemin on urethan and its analysis. If mercuric chloride be first added to a solution of urethan, and then potash, a white precipitate is deposited. If this substance be heated with urethan in excess, it dissolves and is precipitated while cooling. With an excess of potash it becomes yellow, and is mercuric oxide, perfectly insoluble in water. This mercuric oxide, precipitated, dissolves under the influence of slight heat when passed into urethan; on cooling, it leaves a white precipitate.

M. Jacquemin states that salts of mercury at one and a half per cent. can be again precipitated. Weaker solutions—.00005 gramme of urethan to every cubic centimetre of solution—are treated with potash and mercuric chloride added drop by

drop. A yellow precipitate forms, then dissolves as long as urethan is present, but it is afterwards again precipitated. This reagent is useful in a volumetric analysis. Mercuric nitrate and mercuric acetate in the presence of urethan behave towards potash like chloride. Both these mercury salts precipitate urea, but precipitate urethan only in the presence of potash.

M. Jacquemin utilizes his investigations to detect urethan in urine. Normal urine, even when considerably diluted with water, treated with this reagent gives a white precipitate, which blackens with ebullition. Therefore urethan present in urine must be eliminated. The investigator uses ether. The deposit of the evaporation of the ether is dissolved in a little water and treated according to the method described above.

THE PHYSIOLOGICAL FUNCTION OF PULMONARY TISSUE IN REGARD TO CARBONIC-ACID EXHALATION.—The tension of the carbonic acid in the air contained in the lungs is considerable. Wolfberg and Nussbaum have shown in their works that the tension of carbonic acid in arterial blood is almost the same as that of this gas liberated in the pulmonary alveolæ. Pulmonary exhalation of carbonic acid is submitted to unfavorable physical condition. M. Garnier, at a recent meeting of the Academy of Sciences, described his researches made in order to ascertain if a chemical action does not facilitate the liberation of carbonic acid when in contact with the air contained in the pulmonary alveolæ. Chemical analysis did not succeed in extracting a definite acid, but pulmonary tissue taken from different animals (oxen, sheep), cut up in cold water, furnishes a fluid which, when mixed with blood which is alkaline, remains slightly though distinctly acid, and this acidity is not due to carbonic acid. Ultramarine injected into the lungs of a rabbit becomes discolored after it has been allowed to remain there twenty-six days. This discoloration could not take place in the absence of a strong acid: taurine and carbonic acid are both inert.

M. Garnier believes that there exists in the pulmonary tissue a substance which acts as an acid. This acid has evidently an action on the carbonic combinations of venous blood which leads to the liberation of carbonic acid.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, OCTOBER 2, 1886.

EDITORIAL.

THE NEW VOLUME.

THE present is the first number of the Seventeenth Volume of the *Philadelphia Medical Times*. During the coming year, arrangements have been made for the publication of original articles by well-known writers, the clinical department will have special consideration, while reports of medical progress and notes from medical centres of the world will continue to occupy a prominent position in these pages. We invite our readers to add their individual contributions of rare cases in practice, of interesting observations on the post-mortem table, and of the action of old or new remedies; and, to further this end, medical questions and replies and letters from the profession will find a welcome place in the *Times*. Let each subscriber put himself down for at least one contribution to its pages during the year. For all original articles the publishers will furnish reprints in a neat octavo form, with cover, or will pay their equivalent in money if preferred. Correspondence containing early medical news will be especially acceptable.

THE THERAPEUTIC ACTION OF
SPARTEINE SULPHATE.

ACCORDING to MM. Laborde and Légris,* sparteine, the active principle of the broom-plant (*Cytisus Scoparius* Link), has valuable properties as a cardiac tonic, since it renders the heart-beats stronger and more protracted: its action is considered

essentially *dynamogenic*. That this influence is central in origin, the absence of alteration in vascular pressure or in peripheral or vaso-motor effects constitutes one of the important proofs; which is further corroborated by other phenomena, among them those belonging to convulsions and asphyxia, showing its depressing influence upon the respiratory centres. In frogs, for some time after actual death, even when the animal begins to dry up, the heart still beats rhythmically, showing that sparteine gives an impetus to the contraction and increases the length of the beats. MM. Laborde and Légris observed similar phenomena in new-born puppies. No other influence proceeding from the nervous system can be supposed to act in this case than that of the intracardial ganglia. Any other hypothesis would necessitate the concomitant and the direct contraction of the muscular fibres of the heart. The myographic researches made by these investigators have not at present furnished results that warrant decided conclusions.

The therapeutic properties of sparteine, as formulated by M. Sée in a recent paper to the Académie des Sciences, agree with the physiological effects: it revives the heart-beats and the pulse. In this respect it equals digitalis in action and resembles convallamarin. As a tonic it is more active than these, as its effects have been found to be more prompt and more lasting. It also regulates the rhythm in cardiac disturbance, and in this effect it is said to be superior to any other of the so-called heart-tonics. In serious atonic conditions the heart-beats are quickened: in this respect sparteine resembles belladonna. The favorable modification resulting from the action of sparteine in clinical observations usually occurs in one hour, or in some cases a few hours, after its administration, and continues two or three days. During this time the general strength is increased and respiration is rendered easier. The urinary function appears not to have

* In an article entitled "La Méthode expérimentale appliquée à l'Etude des Substances médicamenteuses," published in the *Archives de Physiologie Normale et Pathologique* of May, 1886.

been influenced by such small doses as those hitherto used.

The more recent researches made by MM. Laborde and Légris lead them to endorse M. Sée's statements, and they further state that the action of sparteine is quicker and more rapid than M. Sée observed it to be. The daily dose of sulphate of sparteine varies from five to twenty-five centigrammes.

Sparteine may with advantage be administered under the following conditions. When the action of the heart is weak, either from alteration of tissue or because it cannot overcome obstacles offered to the circulatory system. When the pulse is irregular, intermittent, arrhythmic, it is impossible to arrive at perfect regularity, except in those cases where the absence of rhythm and intermittence are the result of advanced cardiac degeneration or an atheromatous condition of the coronary arteries. The prompt action of sparteine renders it invaluable in heart-disturbance requiring immediate treatment. In instances of asystole it has been considered preferable to any other drug. In all cases of weak heart, with asthenia, sulphate of sparteine may be used whether there is lesion or not; since MM. Laborde and Légris declare that they do not know any conditions that should be regarded as contra-indications to the use of sparteine. It is not a cumulative substance in small doses, and apparently does not exercise a deleterious effect either on the digestive organs or on the cerebro-spinal system. It can be used for some time without an interruption being necessary. When digitalis is given, sparteine sulphate may be used as a substitute with advantage in the necessary intervals of administering the remedy. In cardiac affections accompanied by dropsy an infusion of broom-flowers added to sparteine sulphate has a beneficial effect, by increasing its effects as a diuretic. In cardiac dyspnoea the iodide of potassium may often be used with ad-

vantage in addition to sparteine, and pyridine inhalations administered.

MULTIPLE NEURITIS.

UNTIL within a very few years the tendency to refer a large number of obscure trophic, sensory, and motor troubles to lesions of the cord, and especially to lesions of the anterior cornua, was very general. Hence these affections came to be regarded as symptomatic of various forms of poliomyelitis anterior. Just now the pendulum is swinging the other way, and there is a growing—perhaps already an exaggerated—disposition to ascribe those manifestations not to central but to peripheral causes. Disorders, such as we refer to now, suggest, in place of some spinal affection, more or less generalized alterations in the nerves themselves. Hence the frequent recurrence of such terms as multiple neuritis, polyneuritis, and peripheral neuritis in the observations of the neuropathologists.

Many of the cases are characterized by symptoms by no means restricted to a limited region of the peripheral nervous distribution, but, as Lucas-Champonnière insists upon in a recent article (*Journal de Médecine*, July, 1886), they were characterized by phenomena sufficiently extensive to realize the type of paraplegias, partial paralysis of all four limbs, or even a general paralysis to such a degree that the differential diagnosis from paralyzes of central origin is extremely difficult.

Among the chronic forms of multiple neuritis, one of the more interesting is pseudo-tabes. But the acute forms are of not inferior interest, especially as their study has been rewarded by fresh knowledge in the direction of causation. The causes of these forms of neuritis at present arrange themselves into three principal groups: 1, intense or prolonged cold, especially under circumstances of great fatigue; 2, toxic, among which alcohol holds chief place, although arsenic and

lead are important; and, 3, infection. The third etiological group includes such acute and chronic infective diseases as relapsing fever, variola, diphtheria, rheumatism (which seems to have especially close relations with polyneuritis), syphilis, and tuberculosis. To these we would add enteric fever.

The symptoms are, however, but little modified by special causes.

The cases are acute, subacute, and chronic. The palsy is usually ascending, in many cases first attacking the lower extremities symmetrically, then the upper extremities, and finally the trunk. It may, on the other hand, remain limited, or chiefly affect one side. Muscular atrophy more or less marked is an almost constant symptom. The reaction of degeneration is present in varying degrees. Among the manifestations of trophic changes are œdema of the extremities, dryness and roughness of the skin, pigmentation and erythematous patches, eczema, abundant sweating. Anæsthesia is less common than hyperæsthesia. Paræsthesia is constant, often manifesting itself as pain.

The march of the affection is irregular; its terminations are equally inconstant. Sudden death, equally sudden restoration to health, gradual improvement, and a chronic, little-varying condition, with fair general health, have been noted.

Alcoholic paralysis, first described by Jackson, of Boston, in 1822, later by Huss, Lancereaux, Leudet, and Wilks, and very recently fully studied by Broadbent, Déjérine, Hun, Dreschfeld, and others, is the best-known form of peripheral neuritis* of toxic origin.

Like other alcoholic affections, alcoholic paralysis does not differ in its symptoms from similar conditions due to other causes, and hence cannot be looked upon as a specific disease. Full recovery usually follows the discontinuance of alcohol.

* For a fuller summary of the present knowledge of alcoholic paralysis, consult Dr. J. C. Wilson's article "On Alcoholism" in vol. v. of Pepper's "System of Medicine."

THE DISTRICT NURSE SOCIETY.—In the last issue of the *Times* a short notice of a very useful charity was given, to which we again direct attention. The organization has been formed for the purpose of supplying experienced attendants for the poor. The nurses sent out by the Society work in both the third and the fourth district, and are therefore available for cases between the Schuylkill and Delaware Rivers and South and Vine Streets. The office is at 1203 Race Street, where all needed information will be furnished upon application.

NOTES FROM SPECIAL CORRESPONDENTS.

PARIS.

MEDICAL and Surgical Congresses.—

Europe has been quite prolific of this sort of meeting this summer. Notices of that at Brighton and those in Germany you already have from your other correspondents, so that we can remain local and give only the most important points of the French Congresses. "L'Association française pour l'Avancement des Sciences" held its fifteenth session this year at Nancy. Its newer therapeutical ideas will occupy most of our letter with what was, perhaps, the most interesting part of the proceedings. M. Paul Landowski, of Paris, spoke of local treatment in membranous dysmenorrhœa. He had found, as the rule, that this affection attacked women who were under the influence of a diathetic state of general debility which may or may not be cachectic; but that this condition was not at all absolute, because, oftener than is usually thought, young and strong women, and girls full of health, are found to be suffering from this complaint without any apparent cause. In these cases the disease will remain localized for a long time before extending to the whole organism and causing a debilitated and anæmic state. Where this form of exfoliative dysmenorrhœa is the result of a general cachectic state, the treatment must, of course, be directed to the constitution; but in all cases it is advantageous to adopt a local treatment. Indeed, it becomes the most important part of the therapeutical application in those cases where the affection is primitive and localized. The author therefore proposes the local application of the electrocautery to the endometric surface, and lays down the following rules to make the treatment successful. First, It is of great impor-

tance that the operation should not be performed until the uterine orifices are fully dilated. If they are naturally large and easily dilatable, one application of prepared sponge will be sufficient; but if they are rigid, two must be made,—one the evening before the operation, and the second the next morning. The moment the sponge is taken out, while the cavity is wide open, is the time to introduce the electro-cautery, which should be rapidly heated to a dull red, and passed lightly all over the endometric surface. With careful touch, and these precautions, the author claimed that there is not the slightest danger to be apprehended. After the operation the patient must remain in bed for a week. Care must be taken to make the application five or six days *after* the cessation of the monthly period.

M. Netter, of Nancy, proposes to treat whooping-cough with the "Oxymel scillitique," made according to the French "Codex," and given pure. Soubeiran's method of making the oxymel of squill is the one followed here: dissolve six parts of the alcoholic extract of squill in fifty parts of vinegar, filter, and combine *secundum artem* with two hundred parts of honey. The vinegar seems to destroy the irritant action as well as the emetic property of the squill, and increases the expectorant effect. It is recommended to be administered pure every ten minutes for one hour daily. Dr. Netter first of all remarked that when it was given in bronchitis (as for the last twelve years had been his habit during the period of sibilant râles) it produced an abundant bronchial secretion, which led him to try this form of medication in whooping-cough. Professors Hecht, Rémy, and Schmitt, of Nancy, besides the author, have all tried the method proposed, with great success. In two or three days, or even less, the cough becomes easy (what the French call "grasse"), and the mucus comes easily into the mouth. From this time the cure depends on the age of the child, according as it is able to spit out the mucus or is compelled to swallow it. In strong boys the most violent whooping-cough has been seen to improve in two days after the administration of the medicine. In weaker children, or those under three years of age, it does not relieve quite so well, but, with the use of an emetic, the cure is accomplished almost as soon. In babies still at the breast, from twenty to forty drops of the medicine are enough, and it usually is found to answer very well. Non-success will be found to be owing to the bad quality of the preparation, or to its irregular administration. All old or stale preparations should be rejected. The following system of giving the remedy was found to be the best. At half-past three P.M. give the child his lunch, then between five and six o'clock give him a teaspoonful of the oxymel *every ten minutes during this hour*. Give in

all four to five at three years of age, six to seven over that age, and seven to eight teaspoonfuls in adults. Then let them have their dinner at seven P.M. Continue each day in this way, during *this one hour only*, until the coughing-fits are over. M. Rémy, of Nancy, confirmed what his colleague had stated in regard to this treatment, and said he had seen several cases of cures by this method, and that the amelioration, in his experience, had been rapidly brought about, —mostly within three days.

Dr. Henri Huchard, physician to the Bichât Hospital, Paris, presented his observations of cures of angina pectoris by means of the iodides, and added four new cases of great improvement, even cure, in arterial cardiopathic cases taken at their commencement. Arterial sclerosis he looks upon as a general disease which acts on the heart, kidney, and brain, and the only proper medication is that which has its action on the arteries,—i.e., the iodides. One of the considerations which the doctor dwelt upon at length was that it was an essential condition of success to prolong the action of the remedy during a period of from one to three years continuously, at a daily dose of one to three grammes. Much importance was also laid by the speaker and those agreeing with him (such as Professor Bouchard, of Paris, Dr. Liégeois, and others) on the fact that the iodide of potassium is a very toxic salt, while the iodide of sodium is forty-two times less so: therefore this last salt is strongly recommended to be used, in these cases at least.

M. de Pezzer spoke of the use of naphthaline in the treatment of genito-urinary diseases. It had been used by Rossbach, in 1884, in doses of one and a half grammes to prevent intestinal putrefaction, and he had found in urinary troubles that the results are just as satisfactory. When the urine was fetid and there was difficulty in micturition, the dose used was one gramme divided into twenty-five centigramme pills; but the eructations were found to be very disagreeable with this mode of preparation, and capsules of gluten were then substituted with great benefit. Oil of turpentine had been tried, but it failed in several cases which subsequently improved under naphthaline. In all the cases where the urine was cloudy, purulent, alkaline, or full of microbes, it became limpid, neutral, or acid, after the remedy was given, while the quantity of pus, if any had been present, decidedly diminished or entirely disappeared. In cystitis or pyelo-nephritis, and in the many cases of old urinary diseases that so often occupy the beds in surgical wards for years, great improvement was found, and entirely without any digestive troubles; nor does it produce any increase in the acts of urination. Administration by the mouth was found to be preferable to injections. Professor Bouchard said, in referring to this matter, that, finding the dose of

one and a half grammes was not enough, he had given up to five grammes, in order to obtain pure urine, free from pus, and always found the medicament to be quite inoffensive. He constantly gave it as an intestinal antiseptic, without any accidents. It is but little absorbed into the system, but is eliminated as a naphthil-sulphate of sodium, which is antiseptic and not at all toxic. In the treatment of cases of cystitis, he thought that injections of the naphthil-sulphate of soda might be substituted for the administration of the naphthaline by the mouth.

To continue therapeutical subjects, Drs. Pauly and Mondot, of Oran, in Algeria, publish a method of treatment in diphtheria which they claim has met with great success. Notwithstanding the fact that Algeria has a fine healthy climate, as a rule (something like Florida), diphtheria is endemic in several points, of which Oran is one. After detailing the fact of their want of success with all the various sprays and inhalations which had been recommended, the doctors thought that they only seemed to carry off little by little all the oxygen of the air of the sick-rooms, which were mostly heated to about 20° C. also: so at first they advised airing and cooling the chambers, and even changing the patients from one room to another during the day. Finding that this seemed to do good, they went further in the oxygenation of their clients, and sent them out of doors, even to the environs, and preferably where there were strong currents of pure air. (It must be remembered that the climate is very fine in Oran.) Their treatment may be formulated in brief thus:

1. Saturate the patients with plenty of pure fresh air, constantly renewed, by walking, riding, or otherwise.
2. Give sulphate of quinine, in doses of two or three decigrammes, twice or thrice a day, in coffee.
3. Paint the throat with such lotions as this:

R Sodii boratis, 5 grammes;
Acid. salicylic., 2 grammes;
Glycerin. (puræ), 50 grammes;
Aquæ destillatæ, 100 grammes. M.

S.—Apply four times a day upon a piece of lint or absorbent cotton.

4. Alimentation to be very simple. Milk, soups, soft-boiled eggs, etc., according to the appetite of the patient.

5. As the stomach and the whole digestive tract is mostly out of order, and as it will receive an accumulation of false membranes, drawn down by the movement of deglutition, use as an intestinal disinfectant sulpho-carbonated water.

Messrs. A. Cahn and E. Heppe, two assistants in Kussmaul's clinic in Strasbourg, have been successful in finding a new antipyretic, antifébrine. This body is indifferent, being neither an acid nor a base: its chemical composition differs from all the other antipyretics.

It is a white powder, crystallizable, without odor, slightly bitter in taste, almost insoluble in cold water, but dissolves in all alcoholic liquids. Given by the mouth, it does not cause any disturbance of the digestive functions or any unpleasant symptoms. The dose given is twenty-five centigrammes, in cachets, or in wine: not more than two grammes has been given in the twenty-four hours. It is found to be four times more active than antipyrine, so that the same effect is produced with twenty-five centigrammes of it as with one gramme of antipyrine. The antipyretic effect commences within an hour after its administration, and attains its maximum in about four hours, when it persists, according to the dose given, from three to ten hours. After every dose the febrile temperature descends to normal or below it, and a considerable diminution is noticed in the frequency of the pulse. During this period the appetite often comes back, with an intense thirst and an augmentation of the urinary secretion. Not one of twenty-four patients who took it was affected with unpleasant symptoms; several among them, however, presented a certain degree of cyanosis of the face and extremities, which did not persist long.

Obstacles to Fecundation.—One of your late editorials on "The Causes of Female Sterility" induces us to try and present a résumé of Professor Pajot's lectures on "Des obstacles à la fécondation dans l'espèce humaine." The eminent veteran uses the plainest kind of language, as is his wont, but the importance of the subject, with the new and valuable ideas of treatment which he gives, will justify a modified version of his lectures, even in the cruder English, which does not lend itself so well to explain delicate questions as does the original French. He says, in substance, "Gentlemen, allow me in these last days of this session to study with you an important subject that is so often put on one side by medical men, to the great profit of idiotic superstitions and those industrials of both sexes who ornament the pages of newspapers with their sure cures of sterility, which I wish to speak about. Among the obstacles to fecundation in the human race the first rank must be given to a catarrhal state of the uterus, as it is the most common of all. Of twenty couples who consult you because the wife is sterile, ten or twelve of the women will have a catarrhal affection, more or less pronounced; some having only a small cork of mucus in the os uteri, which, however, closes it effectually and is very difficult to extract. Another obstacle is the narrowness of the external orifice of the neck: it is not so well known as it should be that in these cases there is usually a peculiarity of form, being cone-like in shape, with a very small orifice: we call it a 'top'-shaped os.

"The third most frequent obstacle is the

one most talked of by charlatans and ignorant medical men,—I mean uterine deviations. You know these all by name at least. For our present purpose we will make two great classes which differ as obstacles to fecundation: they are versions and flexions. Versions are of four kinds; flexions ditto, which I shall not dwell upon. The normal uterus presents a certain degree of anteversion nearly in the axis of the superior strait. If this is exaggerated, there is an anteversion; the contrary state is retroversion, and the lateral incline is lateroversion. Pregnancy brings a right lateroversion, the neck being on the left side. Flexions are much the same in name; but it is curious that the versions are greater obstacles than the flexions. A few years ago a lady came to me who had consulted Krassowsky in St. Petersburg, Scanzoni at Wurzburg, Braun at Vienna, and Bennett in England, who all told her that the position of her organs was such that she could not have any children. Scanzoni alone had said that it was not impossible. Upon examination I found a retroflexion so excessive that the base of the uterus was lower than the neck. I could put my finger in the angle that formed the flexion. I asked if the menstrual flow was regular. She answered yes. Reasoning that if it could come out, something might go in, I concluded that it was not impossible that she could become pregnant. Some four months afterwards I was suddenly called to this patient, who told me that she had not seen her courses since, and that on ascending the stairway that evening she had felt something give way inside, and went to bed in haste. I examined, and found the uterus nearly in its normal situation, and the result proved that she was pregnant. This case proves how careful we must be in such examinations. Suppose that I had used a hysterometer? I observed to myself, Here is a good chance to cure this lady of her retroflexion. The uterus is upright; keep it so. So I kept her in bed nearly three months after her confinement, and after the return of the courses ordered injections of tannin, etc. But, alas! she returned to me in a year with a retroflexion as bad as ever, which did not prevent her, however, from having three other babies. This shows the uselessness of rings and 'sachets,' etc., that are so much introduced to cure such people. That certain kinds of apparatus may give comfort is possible, but as to real cures they are all useless. I don't speak at present of prolapsus. We don't cure these deviations, because they are not maladies: they are infirmities. These women are no more ill than a person who is left-handed, unless there is also a catarrhal state, or a congestion, or an ulceration. Many women have a deviation without knowing it. It certainly very often constitutes an obstacle to fecundation,—one reason being that the *cul-de-sacs* formed make a false route for

the male organ and complicate the difficulty of fecundation.

"Acidity of the vaginal mucus seems also to be a cause of the rapid death of spermatozoa. Finally, when I first began to teach, like those who preceded me, I said that, out of a hundred, ninety-nine times sterility was the woman's fault, and only one the man's. But during these last twenty-five years I have arrived at a very different result, which will astonish you as well as it did me. More than ten years ago I found the proportion of husbands who were the obstacles to fecundation rise to seven in eighty cases. I have seen in late years some four hundred cases in which I examined the seminal fluid, and I can now say that of one hundred cases, after two to twelve years of marriage, there were nearly twenty in which the husbands were at fault and the cause of the sterility; and I think when some thousands of cases will be collected that twenty-five per cent. will be reached. Don't fancy that it was alone in feeble men that the difficulty resided; not at all. Strange as it may sound, there are a large number of strong men who have no spermatozoa or have them in an imperfect state; and yet they fulfil the conjugal function perfectly well. One of my latest patients was a colossal man, with a head like a lion, who brought his wife to me complaining that the little woman was no use as to conception. Upon examination, I found her organs and functions in perfect order; and, taking the husband aside, I explained to him what I wanted. Under the microscope I found that there was not a single spermatozoon in it; not one. On questioning him, I found that his desires were ample, and in regard to previous ill health he could only recall a slight orchitis at seventeen years of age. Another patient was a short man who did not present anything particular in his appearance except broad shoulders. His wife was a tall, handsome blonde. They had the same complaint: no children. Examination of wife showed vagina and neck of uterus full of mucus. Examination of husband's spermatic fluid gave a result of millions of spermatozoa, thus reminding me of the extravagant boasting of the Gascon and the Marseillais. The first said that in his rivers there were so many fish that all you had to do was to dip up a bucket of water, and you could get all you wanted. The second replied that in the river in his country it was all fish and no water at all. Between these two extremes there are all sorts of cases. But it is not sufficient to have a certain number of spermatozoa. Professor Duplay has shown that they exist in quite old men, but they are smaller, and not active; and I contend that fecundation is not possible with such spermatozoa. In making an examination for size, always use the *same power of microscope at first*. This is important, so that you may be able to judge.

The smaller deformed ones oscillate some, but they are not half as long nor as large as they should be. There are exceptions to every rule, but usually they cannot fecundate. It is your duty to see to this matter. In those who have none at all, cure is almost hopeless; but those who still have some may be improved by treatment. It is possible that on the female side likewise some ova cannot be fecundated; but of this we know very little. But let me go on to treatment. For the catarrhal states, use emollient injections for the first few days, to allay any congestion, and then during the intermenstrual period—that is to say, not less than ten days nor more than fifteen after cessation of the menses—practise internal cauterization of the uterus, both the cavity of the neck and the body. Use for this purpose my porte-caustic mounted on very flexible whalebone, that cannot perforate the uterus. Professor Richet uses a solid metal one; but in his hands any instrument will do: don't fancy it would do so well in yours. Place powdered nitrate of silver in the little cup, close it with some unguent, and penetrate slowly into the uterus, empty the cup, and the operation is over. If you still fear the porte-caustic, use these little whalebone sticks, which are mounted solidly with a little cotton, carefully wipe out the mucus to get at the real surface, wet the cotton with a little water, and rub it in powdered nitrate of silver, forming a sort of paste, which you can paint over the surface easily. Keep the woman in bed three days or more, and continue emollient injections, and follow them with astringent ones. As to the narrow conically-necked uterus, the best treatment is *dilatation*. I do not believe in Sims's American divider, composed of two blades that are introduced, opened, and drawn towards you, as I have seen fatal results in two cases from its use. No; dilate gradually and largely the *external* orifice only; for, as the other gives passage to the menstrual flux, it will allow the spermatozoa to pass.

"I wish now to teach you some therapeutical measures that I think have never been mentioned by any one. When you are advising a woman who has a deviation, see the husband apart. If she has an anteversion, tell her to prepare for the sexual act by not urinating for five or six hours beforehand, if she wishes to have children. If it is a retroversion, advise as follows. After the monthly period she must eat plenty of eggs and rice, and take a small pill every evening for three or four days (the pill is simply two and a half centigrammes watery extract of opium). During these days she must resist defecation and perform the sexual act. This advice is based on anatomical and physiological facts, and will often succeed in removing these obstacles to fecundation. In one case the full bladder pushes the body of the uterus up, and in the second the full rectum corrects the

deviation for the moment." To give further indications, the professor related the case of a patient who had a left lateroversion, making one of the false routes he talks of. Upon questioning the husband adroitly, he found that the conjugal act was performed in the usual classical manner,—dorsal decubitus, in fact,—and advised a change by placing the wife on her right side: conception followed, and the woman had eventually five other children.

With these different methods he also advises sterile people to have connection *only* about the menstrual period, a few days before and after, and never at other times. As to the husbands with no spermatozoa or with insufficient ones, he advises gymnastics, fencing, swimming, velocipedes, walking, etc., exercise of the inferior members, good living, and continence.

THOMAS LINN, M.D.

September 18, 1886.

BALTIMORE.

THE American Gynecological Society had a successful meeting in this city during the past week. The attendance was fair, many of the papers valuable, and the discussions interesting. Some of the views expressed upon the removal of the uterine appendages seemed rather advanced to conservative outsiders, and appeared to strike some of the Fellows likewise. That a patient shall decide whether she will be desexualized may be sufficient to warrant metropolitan gynecologists in removing the ovaries, but physicians generally should protest against such a monstrous doctrine.

The Fellows were entertained at dinner by the Baltimore Obstetrical and Gynecological Society, and elaborate lunches were served at the residences of each of the Fellows belonging to this city. The visitors appeared to be well pleased with the hospitality shown them by the local profession.

To judge from the majority of those in attendance, physical beauty is not a necessary attribute of the successful gynecologist.

At the meeting of the Medical and Surgical Society last Thursday, an interesting case of symmetrical gangrene of the toes was exhibited by Dr. Shertzer. The patient was a well-nourished man, 55 years of age. About a year ago the second toe of the left foot became affected. There was at first burning and redness, followed by superficial sloughing. The third toe of this foot and the second and third toes of the right foot were attacked later. In the discussion which followed the presentation of the case, the question was raised whether it was a case of Raynaud's disease, or one of ordinary gangrene consequent upon degenerative changes in the blood-vessels.

At the same meeting, Dr. T. B. Evans related two cases of aggravated dropsy with albuminous urine, which were promptly relieved by the administration of five grains each of iodide of potassium and chloride of ammonium. The exact cause of the dropsy was not ascertained.

Dr. Rohé also reported his experience with electrolysis in the removal of hairs, warts, moles, lupus, superficial epitheliomata, and other morbid growths of the skin. During the past year he had by this method successfully removed fifty-eight warts, fifty-six moles, some of them of considerable size and studded with coarse hairs, three vascular nævi, two fibroids about the size of a small cherry, two enlarged sebaceous follicles, one papilloma of the tongue, and one superficial cancer of the nose. He had also treated with encouraging success one case of lupus and three of acne rosacea by the same method. Dr. Rohé anticipates for electrolysis a large field of usefulness in the removal of neoplasms and infiltrations in the deeper tissues, as well as of the skin.

The medical schools will reopen for the winter session next Monday. The prospects are that the classes at the different schools will be about the same as last year.

The profession here has met a serious loss in the death of Dr. William M. Kemp, which occurred a few weeks ago. Dr. Kemp was one of the representative physicians of the last generation, and, when in his prime, wielded considerable influence in the community. For several years he had been in feeble health, and during the last twelve months had been confined to his bed. He was seventy-three years old at the time of his death.

G. H. R.

BALTIMORE, September 27, 1886.

PROCEEDINGS OF SOCIETIES.

THE AMERICAN GYNÆCOLOGICAL ASSOCIATION.

THE Eleventh Annual Meeting was held in the hall of the Johns Hopkins University, Baltimore, Maryland, September 21, 22, and 23. Morning and afternoon sessions were held each day.

THADDEUS A. REAMY, M.D., of Cincinnati, President of the Association, occupied the chair. The papers and discussions were almost exclusively upon questions relating to therapeutics and the problems of clinical gynæcology, and in consequence a large attendance of visitors was obtained. The following Fellows of the Association were present: Wm. H. Baker, Boston; Fordyce Barker, New York; Robert Battey, Rome, Georgia; B. B. Browne, Baltimore; Samuel C. Busey, Washington, D.C.; John Byrne, New York; James R. Chadwick, Boston;

Thomas M. Drysdale, Philadelphia; Thomas Addis Emmet, New York; George J. Engelmann, St. Louis; Walter R. Gillette, New York; William Goodell, Philadelphia; William T. Howard, Baltimore; James B. Hunter, New York; A. Reeves Jackson, Chicago; Charles Jewett, Brooklyn; Joseph Taber Johnson, Washington; Chas. Carroll Lee, New York; Matthew D. Mann, Buffalo; William H. Parish, Philadelphia; Theophilus Parvin, Philadelphia; Thaddeus A. Reamy, Cincinnati; John C. Reeve, Dayton, Ohio; Wm. L. Richardson, Boston; John Scott, San Francisco; Alex. J. C. Skene, New York; R. Stansbury Sutton, Pittsburg; Ellwood Wilson, Philadelphia, and Henry P. C. Wilson, Baltimore.

First Day, Morning Session.—After the formal opening, with the calling of the roll, Dr. H. P. C. WILSON, on behalf of the resident Fellows, delivered a brief address of welcome.

The scientific work of the meeting was to have been inaugurated by Dr. ELLWOOD WILSON, of Philadelphia, but, as he had been called away unexpectedly, the President called for the reading of the next paper on the programme, by H. P. C. WILSON, of Baltimore, on

THE DIVISION OF THE CERVIX BACKWARD IN SOME OF THE FORMS OF ANTEFLEXION OF THE UTERUS WITH DYSMENORRHEA AND STERILITY.

The want of judicious selection of cases, the unskilful performance of the operation, and the improper treatment after it, have caused a procedure which was endorsed by such men as Sims and Simpson to be barren of good results and prolific of bad in the hands of many practitioners. It has shared the fate of many valuable remedies and many new operations, and has fallen into undeserved neglect, once again proving that the abuse of a thing is no argument against its proper use.

The cases for which the lecturer especially recommended this operation were—

1. Those of antelexion of the uterus with an elongated indurated cervix, where the body is bent upon the neck, or the neck upon the body, or where they are bent upon each other, thus forming a more or less acute angle at the interval.

2. Cases of not such acute flexion, but where the cervix is hyperplastic and indurated, as blue as a mulberry and as dense as cartilage.

3. Cases where there is a hard and unyielding band encircling and constricting the internal os, through which the probe passes with difficulty, and gives to the hand the sensation as if it were passing over rough and dense cartilage, while the finger of the other hand in the sulcus between the body and the neck, in front, gains the impression of

there being a cord strongly tied around the uterus at the point of union between body and neck.

The conditions described as in the third class are frequently found also in the first, and are occasionally present also in the second; and in typical cases of ante flexion of the uterus, where the knife should be used in preference to other remedies, all of the lesions above described are coexisting.

Nearly all such cases are sterile. The very rare exception proves this rule. In all these cases we find the Nabothian and utricular glands hypertrophied and indurated, so that the probe in passing from the external os along the cervical canal, and through the internal os into the cavity of the uterus, feels as if it were passing over the surface of an Osage orange instead of that of a soft and pliant mucous membrane.

With regard to the use of dilators or treatment by divulsion, he maintained that no dense, unyielding cervix should be forced open: if so, it will be done with far greater hazard than could accrue from a clean incision with a sharp knife and scissors. All accidents from cutting are the result of improper after-treatment. Accidents from forcible stretching are the immediate results from the force employed. Accidents from tents, plugs, and stems follow from septic poison, or long-continued irritation of an organ naturally rebellious to foreign bodies within its cavity. Of all these the tents are the most dangerous. We had better cut again and again than to use these harsh means, advocated by some, to dense and unyielding tissue, when the uterus is flexed and the internal os stenosed so that the smallest probe enters with difficulty, while dysmenorrhœa and sterility are present. He had perfectly cured several such cases, where they had previously borne children, by cutting the cervix backward and the internal os backward and forward. The bilateral incision of the cervix would not improve such a case: its second state would be worse than the first.

To overcome the diseased condition of the endometrium observed in these cases, it is not only necessary to relieve the stricture at the internal os, but also to straighten the organ, or at least to give a free and straight outlet from the uterine cavity. No pessary for ante flexion will relieve a condition such as this.

Before incising the cervix, any existing cellulitis should be removed by appropriate treatment, and after the operation the patient should be allowed to recover fully (which usually requires about a month), and then be allowed to go home and rest for another month without interference, before the subsequent treatment by dilatation or intra-uterine applications is attempted. The too early resort to after-treatment is the cause of many failures and bad results. The best applica-

tion for the diseased endometrium is Churchill's tincture of iodine, to be applied to the interior of the uterus. The clinical records of several cases in which highly-successful results were obtained concluded the paper. He had performed the operation about five hundred times without losing a patient by death: in one pelvic cellulitis was set up, and she nearly died from injudicious after-treatment. Since then he interferes very little, and leaves them alone, almost absolutely, for two months after the operation.

Dr. T. A. EMMET, in response to an invitation from the chair, opened the discussion. Fifteen or twenty years ago he would have been willing to subscribe to everything that had been said by the reader of the paper. He had no doubt, speaking personally, that he had done as much harm as anybody by this operation, and the results that he had obtained had led him to change his mind with reference to it. In any discussion of this question we must separate sterility and dysmenorrhœa, which are due to different causes.

Mechanical dysmenorrhœa he regarded as a myth. Dysmenorrhœa depends upon faulty nutrition. Patients suffer with dysmenorrhœa when the cervical canal is entirely unobstructed. The cases for which the operation has been recommended may be divided into two classes:

1. Hypertrophic elongation of the neck of the cervix, in which sterility and dysmenorrhœa may both exist.

2. Cases of flexure of the uterus, which, according to his experience, were always due to some inflammation around the uterus, or affecting neighboring structures, and which brings it down. In these cases, if the patient submits to the operation, no good is done by it.

In the first class dysmenorrhœa precedes the appearance of the menstrual flow, and in the second it does not commence until after menstruation commences, and persists after its cessation. In congenital cases of elongation of the neck of the cervix, with induced flexion, he occasionally operates with good results. The second class may be accompanied by leucorrhœa and other disorders, but the real source of the trouble is outside the uterus. Painting the canal will therefore do very little good. He had known of twenty deaths from the operation defended by the speaker; but if the precaution be observed by all who perform the operation to remove all cellulitis as a preliminary, they will do good, but not by the operation. Even in the first class he rarely operates where the flexure is above the vaginal junction. After denuding the cervix, he showed how a covering of mucous membrane might be made for it by sliding it from the vagina by a plastic operation.

Dr. CHADWICK approved the remarks of the preceding speaker. He recognized only

New Medicaments for Bronchitis and other Respiratory Affections.

CHEKEN. (Myrtus Chekan.)

THIS PLANT, indigenous to Chili, was introduced to the profession by Dr. Murrell, the famous English therapist and collaborator of Ringer. Dr. Murrell found Cheken to be of great value in chronic cough, especially in the "winter cough" of elderly people.

An extensive trial of this remedy has not only confirmed Dr. Murrell's observations but has widened the range of the therapeutic application of Cheken so that at the present time it is looked upon, on account of its alterative and demulcent properties, as an indispensable addition to "cough mixtures," particularly in those intractable cases of long standing which have assumed a subacute or chronic course. The dose of the fluid extract which we manufacture is from 1 to 2 fluidrachms.

TEREBENE.

TO DR. MURRELL the profession is indebted for the introduction of another remedy which seems to be almost a specific in winter cough or chronic bronchitis, than which there are few more annoying maladies. Terebene facilitates expectoration, relieves the cough and shortness of breath, and also the acidity and flatulence, which so often accompany bronchitis. Dr. Murrell employs Terebene in Semple's Atomizing Inhaler, which he regards "as one of the best forms of spray apparatus ever invented." In the *British Medical Journal*, Dec. 12, 1885, he states that he has employed Terebene in 114 cases of winter cough with the most gratifying results.

We furnish *Terebene Pure*; *Terebene Inhalant* after Murrell's formula; *Semple's Inhaler*, for which the inhalant is adapted; and *Soluble Elastic Capsules Terebene*, each containing 10 minims.

YERBA SANTA. (Eriodictyon Californicum.)

YERBA SANTA is a demulcent expectorant in harassing cough: both in hospital and private practice this remedy has been subjected to a thorough trial, and the reports of its use are unanimous in according it a high place among remedial agents in the treatment of the distressing cough accompanying inflammatory affections of the respiratory mucous membrane. Its action has been likened to the combined action of ipecac and balsam of Peru, but it possesses, in addition, through its resinous principles, an action which is wanting in these valuable drugs in irritative bronchitis.

LIPPIA MEXICANA.

IN ITS native habitat this remedy was long known to possess medicinal virtue in the treatment of coughs. Its popular use led to a scientific investigation of its claims, which has resulted in its general introduction to the medical profession, and a clinical test of its merits by physicians has confirmed the popular opinion of its value. Alone or in combination with other remedies, such as Yerba Santa, Cheken, etc., it has been found most serviceable in controlling cough.

Working Bulletins and Circulars fully descriptive of above remedies and of Semple's Inhaler, together with reprint of Dr. Murrell's article on winter cough, will be mailed on application.

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1249 HANOVER STREET.

PHILADELPHIA, December 6, 1884.

MESSRS. EISNER & MENDELSON,
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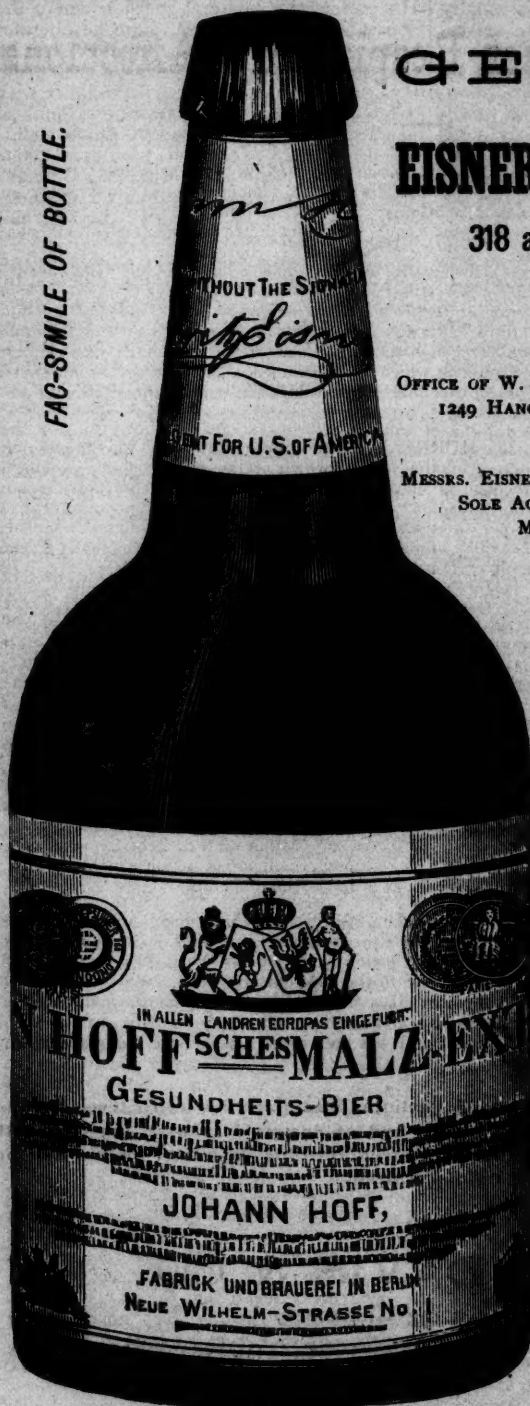
Dear Sirs,—I have used Johann Hoff's Malt Extract for the past five years in my private practice, and have found it to be the best health-restoring beverage and tonic nutritive known. I have found it especially good in persons convalescing from fever, in cases of dyspepsia, for mothers nursing, and in cases of weakly children, and also in lung troubles. My attention was drawn by the immense importation semi-monthly, and about a million of bottles imported by you have passed my inspection in the Custom-House satisfactorily for the past five years.

Yours respectfully,

W. W. LAMB, M.D.,

Chief Drug Inspector U. S., Port of
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neck of each bottle.*



one form of flexion, and would not divide it into flexion of body and of neck. Ante-flexion is always congenital, and is usually due to lack of development of the uterus, and probably of the associated organs. Therefore, in cases of congenital flexion, he did not consider that he had the uterus alone to deal with. This is why we are so rarely successful in removing sterility and dysmenorrhœa by operation. It had succeeded in some cases in his hands when the external os had been very small. Operation should be only performed when the uterus is well developed in every other respect. When dysmenorrhœa is due to congenital defect of development, the fault may extend throughout the whole system.

Dr. BAKER congratulated the lecturer upon his success, and attributed it to his great care in the after-treatment. One thing which had not been alluded to was the danger of hemorrhage after the operation. He had seen such a case in the hands of Marion Sims, and had one of his own. The paper is valuable as a contribution to the surgical treatment of the disorders named, and helps to decide the question when it should be done and when it should not be done.

Dr. BARKER referred to the early history of the operation, and its frequent performance by Simpson, which he witnessed while in Edinburgh. He had brought back with him Simpson's instrument, which was the first one of the kind in this country. He was astonished at seeing Simpson operate in his office and let the patients go home after it; but in reply to his question he was told that the surgeon had never seen any severe hemorrhage from the operation. He learned, however, that Simpson lost two cases from hemorrhage during the same year, after he left. After his return he operated for sterility upon a patient with stenosis, but no flexion, who had been married fourteen years, and she subsequently became pregnant. He also showed the instrument to Dr. Sims, who, with his usual genius, invented many improvements upon it. After performing the operation many hundreds of times, he had ceased to operate years ago, being dissatisfied with the results. Until Dr. Emmet spoke, however, he had been unaware that there had been so many deaths from the operation.

Dr. SCOTT recommended that immediately after the operation a tampon of cotton tintured with iodine solution be placed against the raw surface, in order to prevent suppuration, and the patient kept in a state of absolute rest in bed. He seldom performs the operation, and always under certain restrictions, and with the precaution named in order to avoid bad results.

Dr. HOWARD had been led to the conclusion that for cases of dysmenorrhœa and sterility no one form of treatment will an-

swer. Dr. Sims complained to the last days of his life that surgeons did not discriminate. He prefers the bilateral incision where the uterus is symmetrical and where he operates merely to widen the canal; in other cases he uses the antero-posterior incision. His rule is to treat these cases first in accordance with the teachings of the therapeutic school of gynecologists, at the head of which stands Dr. Barker, before resorting to surgical measures. The statement of Matthews Duncan, that the descriptions of mechanical dysmenorrhœa were "mere garrulity," he was not prepared to accept. With regard to the reported bad results from the operation, he asked what operation is not, at times, followed by bad results? We should not reject an operation because the results are not uniformly good, but should endeavor to learn its limitations. With our present improved methods we should obtain better results than ever before. After operating under antiseptic precautions, he introduces an ebony plug in the cervix with a light tampon, and leaves it undisturbed for four or five days, by which means the treatment is considerably shortened. He had had one case of death after divulsion.

Dr. H. P. C. WILSON had heard nothing in the discussion that would convince him that, in properly-selected cases, division of the cervix is not the best operation to perform. At the same time, he always warns patients that unless they can give the proper care to after-treatment the operation had better never be performed. When the hypertrophied neck of the uterus is bent almost parallel with the body, he maintained that the discharges were retained during the inter-menstrual period, and they become acrid and remain there month after month until labor-pains come on, which expel the accumulated secretions. When the uterus is bent upon itself, the canal is closed and obstruction exists. The only treatment is to open the canal by antero-posterior incisions, and make the canal pervious. Where the operation fails, it is due to want of proper after-treatment. In his present treatment he does not pass a probe until two weeks have elapsed since the operation.

With regard to Dr. Scott's suggestion, he believes that the best thing to use to prevent infection is a solution of carbolic acid, glycerin, and iron. He preferred that the cervix should bleed after the operation, and he then avoided possible septicæmia by plugging the vagina with the iron solution.

The object of the paper was to discuss the comparative value of division and divulsion of the cervix in the treatment of certain cases of anteversion with stenosis. To his own mind there was no comparison between the two: he believed that the danger to the patient from the former does not begin to compare with that from the latter.

ANOTHER MODIFICATION OF EMMET'S CERVIX OPERATION, WITH A CASE IN POINT,

was the title of a paper by R. STANSBURY SUTTON, M.D., of Pittsburg, Pennsylvania.

Some cases of lacerated cervix present peculiarities which make some modification of Emmet's operation a necessity. Last year the speaker reported one such expedient; this year he had devised another. In a patient presenting a torn cervix of almost cartilaginous density, and with the angles filled with hyperplastic tissue, he performed the following operation. Thrusting one blade of a pair of strong scissors into the cervical canal, the cervix was divided antero-posteriorly. With a double-edged knife the four surfaces were pared, except that a strip of mucous membrane was left on each side, so that when brought together these secured a patulous cervix.

Dr. EMMET thought the operation ingenious: its value could be tested only by experience. As a rule, where there is much old cystic degeneration and hypertrophy, he would do just as he would in a case of enlarged tonsils,—amputate; and he then would cover the stump with vaginal mucous membrane.

Dr. ENGELMANN believed that a piece of catgut would preserve the canal as well as the strip of mucous membrane. The modification did not seem to him to be very different from that proposed by the same speaker last year. Referring to Dr. Emmet's remarks, he called attention to the fact that in Germany what is known as amputation of the cervix is not exactly what we understand by it.

Dr. BAKER urged the importance of preliminary treatment and the preservation of mucous membrane. His own modification was the cutting of a "V"-shaped piece of mucous membrane and covering the wound with it, thus preventing rolling outward. He thought the operation of Dr. Sutton ingenious and likely to be of service.

Dr. ENGELMANN defined amputation as merely the removal of diseased tissue. When this operation of Dr. Sutton's is called for, the parts are very thoroughly diseased and degenerated, and there is no healthy mucous membrane left.

Dr. DUDLEY asked how the sutures were to be introduced.

Dr. CHADWICK. One of the speakers has referred to the fact that amputation of the cervix means something different in Germany from what it does here. He learned that at Schroeder's clinic it was about what we call Emmet's operation, the result being the same.

Dr. SUTTON. The operation was suggested by the character of the case. If in a given patient you can do what is aimed at in Schroeder's and Martin's operations, by removing a wedge-shaped portion of cervical tissue and doubling it in so as to turn inside what before

was outside, that is good; but, as in the case reported, where you have either to cobble out a cervix or leave it alone, you cannot do the ordinary operation. He believed that the mucous membrane is not absolutely diseased, and that in the course of time it will become healthy mucous membrane. With regard to the introduction of the sutures, their position can be seen in the diagrams: no particular mechanical skill is required to introduce them so as to produce a good cervix.

A paper by ELLWOOD WILSON, M.D., on

THE TREATMENT OF LACERATIONS OF THE CERVIX UTERI,

was read by the Secretary.

In this communication the writer called attention to a new treatment of cases of laceration of the cervix, where the wound is recent. He had found nothing better in many cases of old laceration than Emmet's operation, which he valued highly, but thought that it was performed in some cases to which it was not suitable. Where after delivery laceration of the cervix exists, he recommended the use of irrigation with mercuric chloride solution on every second or third day, with antiseptic napkins, and cervical suppositories, or bacilli, containing iodoform. In the course of ten or twelve days after delivery another examination is made, and a solution ($\frac{3}{4}$ to $\frac{5}{8}$) of nitrate of silver painted over the surface after it has been cleaned. This can be repeated every four or five days until it heals up. Several cases were reported in illustration.

Dr. BAKER approved the recommendation of the lecturer to defer the treatment until some days have elapsed after delivery. He strongly deprecated operative interference until the patient recovers from the exhaustion of confinement. In his own experience he had never seen a case which had required a second operation until within the last year, while those operated on at once very frequently require another operation.

Dr. EMMET believed that the only excuse for surgical interference immediately after labor is where hemorrhage is present with recent laceration. It is not in all cases in which it exists that a fissured cervix gives trouble. He thought that in all cases in which laceration of the cervix had given trouble it was owing to septic poisoning. He believed that many lacerations heal of themselves, and thought that with hot-water injections Dr. Wilson would have obtained just as good results as from the silver salt.

Dr. SCOTT reported one case of immediate operation, with a successful result.

Dr. BAKER reported the only primary operation of this kind which he had ever performed. In a case of forceps-delivery, of face-presentation, and the occiput backward (the only case of this character that he had ever seen born alive), the cervix and perineum were both torn, and he operated upon

both without delay. The patient made a good recovery; the stitches did not tear out, but the patient was very sick. It is significant that among forty-one cases of puerperal fever, which was epidemic in New York last spring, six had suffered a laceration of the cervix, which had been at once sewed up, and only one of these showed complete union.

Afternoon Session.—T. ADDIS EMMET, M.D., read a paper entitled

PELVIC INFLAMMATIONS. CELLULITIS *versus* PERITONITIS.

The dangers of limited inflammations of the peritoneum, the frequency, and the difficulties in the way of diagnosis, were dwelt upon in connection with disorders of the pelvic viscera. Cellulitis commonly accompanies peritonitis, but it is not of much importance unless associated with the presence of foreign microbic organisms. When the inflammation stops before producing pus and forming abscesses, the products may be completely absorbed. Where pus has formed, adhesive inflammation occurs, with subsequent cicatricial contraction.

In conclusion, he referred to the production of pus in the Fallopian tubes and ovaries as one of the results of gonorrhoea, and deprecated the frequency with which these organs are removed at the present day. He believed that if the true mortality of this operation were known it would appall the profession; although in New York it is performed with as good results as anywhere. It should be done only as a last resort, after therapeutic means have been faithfully employed without relief. If performed without proper restrictions, the good name of the profession is bound to suffer. He condemned laparotomy for diagnostic purposes, and the sacrifice of the whole of one or both ovaries when only a part is diseased.

Dr. BATTEY looked at the shield from the other side than that seen by the lecturer. His observation had shown him that pelvic inflammations commence very commonly in diseased ovaries. In a private letter to him, Dr. Emmet said that in his early life he had found a number of cases with ovaries in a state of cystic disease due to inflammation, in which he could find no symptoms during life to correspond with the decided condition of disease.

With reference to the frequency of abdominal operations at the present day, he was very much of the opinion of the lecturer, that they are done too frequently. A short time ago a general practitioner expressed great umbrage because he had returned a case which had been sent with a request for operation, because he did not regard it as a suitable one. It is not every case of organic disease of the ovary that requires this mutilation of its owner. He recalled a case of a

young woman under his care in the Infirmary some years ago with large ovaries, which he advised her to have removed. She refused to permit the operation to be performed, and she afterwards recovered, married, and has borne two children, and is in good health. He had seen one or two other cases in which operation had been advised, but not performed, and the patients afterwards bore children. He was therefore not prepared to say that all cases of diseased ovaries should be operated upon.

Dr. BARKER requested the speaker to state succinctly the grounds which to him would justify the operation.

Dr. BATTEY replied that each case must be considered for itself. A poor woman in the mountains of Georgia, who is rendered a hopeless and helpless invalid by disease of the ovaries, and who by the removal of the ovaries will be restored to health and usefulness, would be a proper case for operation in Georgia; but at the same time if she lived in New York, with all the comforts and resources of a private hospital at command, the same kind of a case might be saved without an operation. In either case all ordinary means in our power should be used for relief before resorting to operation. This commends itself to his judgment and his conscience. He does not insist that there shall be always an exact diagnosis of the condition of the ovaries and tubes: it is sufficient to know that the patient is worn out and utterly miserable from faulty performance of function, and he extirpates the ovaries. Observation has shown that in these cases the ovaries are commonly diseased. The operation is justified by its results. The reply to the question would be the same as that made a few years ago: "I remove the ovaries when the general health of the patient is broken down and destroyed and I can see no other hope of restoration by any known means, and where I do see a reasonable hope of recovery as a result of the operation."

Dr. BARKER congratulated himself upon having certain points made clear, and thought that the preceding speaker had laid surgical gynaecologists and the ranks of suffering women under obligation, in stating that he did not wait to make his diagnosis until he opens the patient's abdomen.

Dr. SUTTON believed that when an ovary is diseased and cannot be cured by medical means, and it is interfering with the health of the patient and her duties in life, it should be extirpated. He agreed with the reader of the paper that laparotomy is performed too much; not that it is done too much by competent men, but it is done too much by incompetent men. It would have been far better if Tait's statistics had never been published. It is not always possible to make an exact diagnosis before opening the abdomen, nor

is it always easy afterwards. (Several specimens were shown illustrating difficulties of diagnosis.)

Dr. BUSEY referred to the histological analogy existing between serous membrane and cellular tissue, and claimed that the affections named should be included under one head,—pelvic lymphangitis. He hoped the time would come when we could have some surer guide to the limits of usefulness of the operation than moral or social considerations and the general appearance of the patient.

Dr. SCOTT reported several cases of successful operation.

Drs. MANN and H. P. WILSON concurred in the sentiments of the paper.

JOHN C. REEVE, M.D., of Dayton, read an interesting account of

A CASE OF ABDOMINAL SECTION FOR CHRONIC SUPPURATIVE PERITONITIS,

followed by a successful result, except that a faecal fistula had formed, pus having been discharged per rectum prior to the operation.

A general discussion took place upon the operation, in which Dr. SCOTT, Dr. GOODELL, Dr. C. C. LEE, Dr. R. S. SUTTON, and Dr. J. T. JOHNSON participated. Dr. REEVE then made some concluding remarks.

The Society then adjourned, to meet the following morning.

The Baltimore Gynecological and Obstetrical Society gave a reception and banquet to the Association in the evening, at Rennert's Hotel.

Second Day, Business Session.—The following officers were elected:

President.—A. J. C. Skene, M.D., Brooklyn.

Vice-Presidents.—J. C. Reeve, M.D., Dayton, Ohio; Ellwood Wilson, M.D., Philadelphia.

Secretary.—J. Taber Johnson, M.D., Washington.

Treasurer.—M. D. Mann, M.D., Buffalo.

Members of Council.—W. H. Baker, M.D., Boston; F. M. Drysdale, M.D., Philadelphia; C. C. Lee, M.D., New York; A. Reeves Jackson, M.D., Chicago.

The next place of meeting, New York; time, September 15, 1887.

With regard to the proposition to co-operate in the movement for confederation of the various special societies, it was received, and, on motion, delegates were appointed to express favorably the sentiments of this body at the convention called for September 24, 1886.

(To be continued.)

ANTIPYRINE NOT TO BE GIVEN IN PNEUMONIA.—Posadski reports a number of illustrations of the bad effects from antipyrine administered during the course of pneumonia.

MEETING OF COMMITTEES ON CONFERENCE OF VARIOUS SPECIAL ASSOCIATIONS REQUESTED TO PARTICIPATE IN A CONJOINT SESSION.

IN response to the notice issued by the Secretary of the Committee on Conference of the American Surgical Association, the several Committees on Conference met at the Army Medical Museum, Washington, D.C., at twelve o'clock noon, on Friday, September 24, 1886.

The meeting was organized by the election of Dr. S. C. Busey, of Washington, Chairman, and Dr. J. Ewing Mears, of Philadelphia, Secretary.

The Secretary reported that he had received notification of the appointment of the following Committees:

1. American Ophthalmological Association.

—O. F. Wadsworth, M.D., Boston; C. T. Bull, M.D., New York; George C. Harlan, M.D., Philadelphia; Samuel Theobald, M.D., Baltimore; R. E. Freyer, M.D., Kansas City, Missouri.

2. American Otological Association.—C.

R. Agnew, M.D., New York; H. Knapp, M.D., New York; John Green, M.D., St. Louis; W. H. Carmalt, M.D., New Haven, Connecticut; George Strawbridge, M.D., Philadelphia.

3. American Gynecological Society.—S. C.

Busey, M.D., Washington; Fordyce Barker, M.D., New York; J. R. Chadwick, M.D., Boston; J. Taber Johnson, M.D., Washington; Thomas A. Emmet, M.D., New York.

4. American Laryngological Association.—

J. Solis Cohen, M.D., Philadelphia; F. I. Knight, M.D., Boston; G. W. Lefferts, M.D., New York; F. H. Bosworth, M.D., New York; E. L. Shurly, M.D., Detroit.

5. American Dermatological Association.—

H. G. Piffard, M.D., New York; F. B. Greenough, M.D., Boston; R. B. Morrison, M.D., Baltimore; L. N. Denslow, M.D., St. Paul, Minnesota; G. H. Tilden, M.D., Boston.

6. American Surgical Association.—C. H.

Mastin, M.D., Mobile; C. T. Parkes, M.D., Chicago; N. Senn, M.D., Milwaukee; J. Ford Thompson, M.D., Washington; J. Ewing Mears, M.D., Philadelphia.

7. American Neurological Association.—L.

C. Gray, M.D., Brooklyn; J. Van Bibber, M.D., Baltimore; E. C. Seguin, M.D., New York; Wharton Sinkler, M.D., Philadelphia; Philip Zenner, M.D., Cincinnati.

8. American Climatological Association.—

A. L. Loomis, M.D., New York; F. Donaldson, M.D., Baltimore; F. C. Shattuck, M.D., Boston; E. T. Bruen, M.D., Philadelphia; W. W. Johnston, M.D., Washington.

9. Association of American Physicians and

Pathologists.—William Pepper, M.D., Philadelphia; Francis Delafield, M.D., New York; R. T. Edes, M.D., Boston; J. Palmer Howard, M.D., Montreal; J. T. Whittaker, M.D., Cincinnati.

The roll was called, and the following members of the Committees answered to their names:

1. Ophthalmological Association: O. F. Wadsworth, M.D., Samuel Theobald, M.D.
2. Otological Association: C. R. Agnew, M.D., W. H. Carmalt, M.D.
3. Gynæcological Society: S. C. Busey, M.D., J. R. Chadwick, M.D., J. Taber Johnson, M.D.
4. Laryngological Association: F. I. Knight, M.D., E. L. Shurly, M.D.
5. Dermatological Association: H. G. Piffard, M.D., G. H. Tilden, M.D.
6. Surgical Association: C. H. Mastin, M.D., J. Ford Thompson, M.D., J. Ewing Mears, M.D.
7. Neurological Association: L. C. Gray, M.D., J. Van Bibber, M.D.
8. Climatological Association: F. Donaldson, M.D., W. W. Johnston, M.D.
9. Association of American Physicians: William Pepper, M.D.

Dr. William Thomson, of Philadelphia, was present as a member of the Committee of the Otological Association, in place of Dr. George Strawbridge, who had resigned from the Committee; and Dr. W. Hendrie Lloyd, of Philadelphia, was present as a member of the Committee of the Neurological Association, in place of Dr. Wharton Sinkler, who had resigned.

On motion, it was resolved that the Associations represented should vote by title, taken in chronological order, and as a unit.

Dr. William Pepper offered the following resolutions, which, after careful consideration and discussion by those present, were adopted separately, and then as a whole:

"Resolved, 1. That it is desirable that the following Societies—the American Surgical Association, the American Ophthalmological Association, the American Otological Association, the American Neurological Association, the American Laryngological Association, the American Dermatological Association, the American Climatological Association, the Association of American Physicians and Pathologists—shall arrange for a conjoint meeting in the city of Washington, in the month of September, 1888, and subsequently at intervals of three years, at the same time and place.

"2. That this arrangement shall not interfere in any way with the autonomy of each special Society; and that each Society shall retain the right to withdraw at any time from this conjoint scheme.

"3. That the special feature of the meeting shall be the conjoint assemblage of the special Societies on two evenings during the session; on one of which there shall be an address delivered by the President of the conjoint meeting, and on the other there shall be communications by a referee and a co-referee on

some subject of general professional interest.

"4. That each special Society approving this report is invited to appoint one representative (with an alternate), and that the representative so appointed shall constitute an Executive Committee to serve for one year, with power to elect such officers for the first conjoint meeting as may be deemed necessary; to prepare a programme for said meeting; to make all other necessary arrangements; and to prepare and submit a plan of organization for future meetings.

"5. That all expenses connected with the conjoint sessions shall be apportioned equally by the Executive Committee among the special Societies participating."

Owing to the views entertained by the Committees of the Ophthalmological and Dermatological Associations with regard to the intervals of times of the meetings, they abstained from voting upon the first resolution.

The Secretary was instructed to send to the medical journals of the country a report of the proceedings of the meeting, a printed copy of the same to each member of each Association participating, and a certified copy to the Secretary of each Association.

NEW YORK PATHOLOGICAL SOCIETY.

A STATED meeting was held September 8, 1886, the President, JOHN A. WYETH, M.D., in the chair.

NOTABLE ATHEROMA OF THE CORONARY ARTERIES AND OF THE ARTERIES AT THE BASE OF THE BRAIN; FATTY PANCREAS.

Dr. LOUIS WALDSTEIN presented the specimens, which were interesting chiefly on account of the absence of symptoms pointing to disease of the heart. The patient had had diabetes and albuminuria. The autopsy revealed calcification of the coronary arteries in a marked degree, also of the arteries at the base of the brain. There was a less marked atheromatous change in some other portions of the arterial system. The man was very fat, and the pancreas was a mass of fat nearly throughout its entire extent. The liver was fatty and cirrhotic; the kidneys were large, and of a pale grayish-yellow color.

DERMOID CYST OF THE OVARY AND BROAD LIGAMENT.

Dr. EUGENE HODENPYL presented the specimen, which was removed from the body of a woman, æt. 45, who died of pneumonia. The uterus and left ovary were normal. The right Fallopian tube was elongated, measuring one hundred and thirty millimetres. The left ovary was enlarged, being forty-three millimetres in length and twenty-two millimetres in thickness. It was lower down in

the pelvis than normal. Occupying nearly the whole of its substance were three communicating cysts filled with a white, semi-solid material, composed of fat-droplets, epithelial scales, and a considerable number of short, fine hairs. The cyst-wall was formed of dense connective tissue. In the substance of the ovary were a number of very small masses of calcareous material. Within the folds of the broad ligament, and extending from its outer attachment as far as the uterus, was a multilocular cyst, which communicated with those in the ovary. It measured one hundred and twenty millimetres in length, forty millimetres in depth, and eighteen millimetres in thickness. It contained the same elements as the cysts of the ovary, but its contents were softer and darker in color, and the hair and epithelial scales were less numerous.

Dr. PRUDDEN had seen the specimens when fresh, and it was a question whether the two cysts were originally entirely separate.

URETHRAL CALCULI.

The PRESIDENT presented the specimens, which were removed from a man on whom he had operated for urethral calculi in 1882 and 1883. When the patient presented himself, some months ago, he found a calculus occluding the urethra five inches from the meatus. At the former operations he had divided urethral strictures, but he decided now to cut down upon the calculus directly from below. Two calculi were found in the urethra, and some small ones within the bladder. The patient had a chill, followed by fever and finally death. An autopsy was not obtained, but it was probable there was disease of the kidneys, of which there had been some symptoms.

REVIEWS AND BOOK NOTICES.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES. Embracing the Entire Range of Scientific and Practical Medicine and Allied Science. By Various Writers. Vol. III. Illustrated by Six Chromo-Lithographs and Seven Hundred and Eighteen Fine Wood Engravings. Edited by ALBERT H. BUCK, M.D. Supplied to Subscribers only. Price per Volume, Cloth, \$6; Sheep, \$7; Half morocco, \$8. William Wood & Co., New York, 1886. Pp. 813.

The present volume of this splendidly-illustrated work of reference includes subjects from "Face" to "Hysterotomy." Among the articles most worthy of mention are those upon the "Face, Fascia, and Foot," by Frank Baker, M.D.; "Fever," by George B. Shattuck, M.D.; "Field Surgeons and their Duties," by Joseph R. Smith, M.D.; "Fingers, Contractions of," by W. W. Keen, M.D.; "Fœtus, Development of," by Charles S.

Minot, M.D.; "Forceps," by Theophilus Parvin, M.D.; "Fractures," by Lewis A. Stimson, M.D.; "Fungi, Edible and Poisonous," by F. Peyn Porcher, M.D.; "Gangrene," by Surgeon John B. Hamilton, M.D.; "Gout," by Walter Mendleson, M.D.; "Growths, Pathological, or Tumors and Gumma," by W. F. Councilman, M.D.; "Gynæcological Examinations," by Henry C. Coe, M.D.; "Habitations," by J. Pickering Putnam, M.D.; "Hæmoglobinuria," by F. P. Henry, M.D.; "Hand," by Thomas L. Steelman, M.D.; "Hearing," by William Gilman Thompson, M.D.; "Heart," by various contributors; "Hernia," by Middleton Michel, M.D.; "Histological Technique," by George Cornell Freeborn, M.D.; "Hospitals," by Edward Cowles, M.D.; "Hygiene," by Medical Director Albert L. Gihon, M.D., U.S.A.; "Hypnotism," by H. Gradle, M.D.; and on "Hysterectomy and Hysterotomy," by Andrew F. Currier, M.D. The brief illustrated articles upon "Medical Botany," by W. P. Bolles, M.D., add greatly to the value of the work, which we commend to the examination of our readers.

A TREATISE ON ELECTROLYSIS AND ITS APPLICATIONS TO THE THERAPEUTICAL AND SURGICAL TREATMENT OF DISEASE. By ROBERT AMORY, A.M., M.D. Harvard. Illustrated by nearly One Hundred Fine Wood Engravings. Supplied only to Subscribers for "Wood's Library of Standard Medical Authors" for 1886 (twelve vols., price, \$15), of which this is Vol. VIII. New York, William Wood & Co., 1886. 8vo, cloth, pp. 314.

On account of the prominence which electrolysis is assuming in therapeutics, there is felt in the profession generally a need for better knowledge of the principles and practice of this interesting and important department of electropathy. Dr. Amory in this monograph begins with a statement of the principles of physics as applied to electrolysis, and subsequently discusses at length the applications of these principles in the treatment of disease, explaining the various forms of apparatus, and their employment in a number of conditions. The author has succeeded in making a very useful book, which is clearly printed on good paper. The illustrations are excellent, some of them being from photographs of cases.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third Series. Vol. VIII. Printed for the College, and for sale by P. Blakiston & Co., 1886.

The present volume contains the papers read before the College from November, 1884, to June, 1886, inclusive, and discussions thereon, preceded by memoirs of Dr. John Light Atlee and of Dr. George Hamilton, and

lists of officers and Fellows. From a hasty review of its pages, we believe that in variety of subjects discussed in the papers, and in the high character of the papers themselves, the volume is one of the best that has been issued by the College, which will soon celebrate its centennial anniversary.

POCKET MEDICAL FORMULARY, ARRANGED THERAPEUTICALLY. By ALEXANDER HAZARD, M.D., and BERNARD M. GOLDBERG, M.D. Revised and Enlarged by ABRAHAM S. GERHARD, A.M., M.D., etc. With an Appendix containing Formulas and Doses of Hypodermic Medication, a Table of Eruptive Fevers, and Poisons, their Symptoms, Antidotes, and Treatment. Philadelphia, 1886. 12mo, pp. 434. With flap.

This is a very convenient hand-book, containing formulæ which have been recommended by various authorities for a large range of disorders. A running alphabet, in index form, at the side of the page, greatly facilitates reference. For students especially, the drug combinations and therapeutic suggestions contained in its pages will be found very valuable. Additions can be made upon blank pages which are interleaved.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. AUTHORS AND SUBJECTS. Vol. VII., Insignarès-Leghora. Washington, Government Printing-Office, 1886.

The seventh volume of this great index-catalogue contains 14,688 authors and titles, representing 5987 volumes and 12,372 pamphlets; also 6371 book-titles and 34,903 journal articles. It also contains a list of abbreviations of titles of periodicals and collective works, used in indexing, which have been used in preparing all the volumes which have thus far been published. This will be found a great convenience to facilitate reference.

NEW REMEDIES AND CLINICAL NOTES.

THE TREATMENT OF ERYSIPELAS.—An interesting contribution to the treatment of erysipelas emanates from the University Clinic of Professor Kraske, of Freiburg, Dr. G. Kuehnast being the reporter, in No. 9 of the *Centralblatt für Chirurgie*.

Kuehnast formulates his views as follows:

1. The treatment of erysipelas by multiple scarifications and incisions, with subsequent application of carbolic acid, is the most effective method at our disposal.
2. The method is not to be recommended in cases of light erysipelas, and in cases of

erysipelas of the face or of other exposed surfaces.

3. Certain modifications may be practised. Thus, in extensive erysipelas in decrepit individuals the scarifications may be limited to the margins where the process is progressive.

In children and old people it is advisable to substitute salicylic or boric acid for the carbolic-acid washings and dressings.—*Weekly Medical Review*.

RHEUMATIC HYPERPYREXIA.—Dr. H. Barnes, in a paper read before the Carlisle Medical Society, urges that in all cases of acute rheumatism, as soon as there is any indication of nervous symptoms, and particularly in patients of a high degree of nervous susceptibility, a careful watch should be kept on the temperature. Dangerous symptoms may be sudden in their onset, and drug treatment seems entirely to fail to arrest them. He recommends the application of cold when the temperature reaches 105°. The graduated bath is the method he most approves of, commencing it at 90° and gradually reducing it to 70°. As soon as the temperature is sufficiently lowered, the treatment should be suspended and the patient placed in warm blankets; otherwise dangerous symptoms of collapse may supervene.—*Edin. Med. Journ.*, June, 1886.

MISCELLANY.

THE CHARLESTON MEDICAL RELIEF FUND.—The announcement that "Charleston physicians are in great need," which was made immediately after the recent dreadful disaster by some of our well-meaning but impulsive contemporaries, was, we are glad to learn, exaggerated. While, as individuals, the members of the medical profession in Charleston, as a rule, neither need nor would accept pecuniary aid, the case is different with the Medical College of the State of South Carolina, which, we regret to see, suffered severely, and unless repairs are promptly made, which will require at least six thousand dollars, the school will be compelled to lose the winter session. Contributions should be sent to Middleton Michel, M.D., Charleston, South Carolina, either for the immediate relief of the families of the profession or for the rebuilding of the college.

OPIMUM-GROWING IN THE UNITED STATES.—Last year an attempt at the cultivation of opium was made at New Ulm, Minnesota, by Mr. Emil Heschke. Several kinds of poppies were experimented with, and specimens of the *Papaver somniferum* were raised whose unripe capsules yielded opium containing fifteen and two-tenths per cent. of morphine. The Pharmacopœia requires that opium shall contain ten per cent. of morphine: so that the Minnesota production came fully up to the stand-

ard. But, for some reason, it was concluded that the production of opium would not be profitable, and it is not likely that this industry will be added to the resources of our State, at least at present.—*Northwestern Lancet*.

THE EDITOR OF "THE LANCET'S" CONFESSION OF FAITH.—Some time before his death, the late Dr. James G. Wakley made a special request that the following confession of faith should be introduced into any notice of his life which might appear in the pages of *The Lancet*: "Feeling my deep responsibility to God for the position in which in His providence He has placed me, I desire to testify to the comfort derived during my sickness from a lively faith in our Lord Jesus Christ, and that I die in the sure hope of a glorious resurrection."

THE MEDICAL QUIZ OF JEFFERSON MEDICAL COLLEGE.—Drs. L. Wolff, R. Leaman, A. P. Brubaker, Orville Horwitz, J. K. Bell, A. C. W. Beecher, and Henry Morris have opened, at the northeast corner of Tenth and Walnut Streets, a convenient and attractive reading-room and club-room for the accommodation of students.

PROVIDING FOR THE FAMILY OF PROFESSOR VON GUDDEN.—A gratuity of ten thousand pounds has been granted from the Bavarian Civil List to the widow of Professor Von Gudden, of Munich, who perished with the late King of Bavaria in the lake at Castle Berg. He left a family of eleven children.

E. O. SHAKESPEARE, M.D., having returned to this city from his special mission to study cholera at its home in India, was honored by a large reception by the profession of Philadelphia and vicinity, on the 29th ult., at the Hotel Bellevue.

THE AMERICAN ACADEMY OF MEDICINE will hold its next annual session at Pittsburg, Pennsylvania, October 12 and 13.

THE AMERICAN RHINOLOGICAL ASSOCIATION will hold its fourth annual meeting in St. Louis, Missouri, October 5, 6, and 7.

NOTES AND QUERIES.

ERGOT IN THE THIRD STAGE OF LABOR.

MR. EDITOR.—In your issue of September 18, Dr. J. W. McFarlane, of Pittsburg, criticises my paper of the 4th instant. Will you kindly indulge me with space in your journal to answer him? He says, "Giving ergot to every case seems not only irrational but harmful." I have been using it for the last three years, and, though it may seem irrational, I certainly have not found it harmful. In fact, my experience has been exactly the opposite, as stated in my paper.

Labor is becoming no longer a physiological process, or, if it be such, pathological agencies mar the normal results and we must lend our aid. No man would think of withholding his services, when asked for a dysmenorrhœa, on the ground that menstruation "is a physiological process."

When labor is truly a physiological process, any old granny who knows enough to tie and cut the cord will do for an *accoucheur*.

In my paper I distinctly state what I expected to accomplish when I give ergot after the expulsion of the placenta. I say, "It lessens or prevents after-pains, it hastens involution

to a marked degree, and it reduces to a minimum the dangers of septic absorption." I do not claim for it that it will "ward off septic trouble and what not," but that "it will reduce to a minimum the dangers of septic infection."

In the last paragraph but one of his criticism the gentleman strikes the key-note of the whole position. He says that after his favorite manipulation, "in certain cases where patients are feeble" he "followed it up with ergot to guard against possible danger." (Italics are mine.) Now, what more than this do I advocate? It is only to guard against possible danger that I give ergot; and where a man, as one in country practice, is not of easy access to his cases, it is a decided comfort to know that everything possible has been done to guard against possible danger either of hemorrhage or of septic absorption.

Hoping, sir, you will pardon me for encroaching on your space, I remain

Very truly yours,

V. M. REICHARD, M.D.

FAIR PLAY, MARYLAND, September 20.

A RARE OPPORTUNITY is offered to a regular practising physician to secure a paying city practice in Cleveland, Ohio. The office has been established sixteen years, is well located and furnished, and commands a profitable practice, to whom the purchaser will be personally introduced and commended.

Communications for particulars, to receive attention, must be accompanied by reference as to professional and personal standing, and addressed to

J. W. RABE,

835 Market Street, Philadelphia.

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U.S. ARMY FROM SEPTEMBER 12, 1886, TO SEPTEMBER 25, 1886.

FIRST-LIEUTENANT W. W. R. FISHER, ASSISTANT-SURGEON.—Granted leave of absence for one month, to take effect September 10, with permission to apply for one month's extension. F. O. 88, Department of Arizona, September 1, 1886.

FIRST-LIEUTENANT CHARLES M. GANDY, ASSISTANT-SURGEON.—Assigned to duty at Fort Concho, Texas. S. O. 131, Department of Texas, September 18, 1886.

FIRST-LIEUTENANT PHILIP G. WALES, ASSISTANT-SURGEON.—Resignation accepted by the President, to take effect November 5, 1886. S. O. 212, A. G. O., September 11, 1886.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL SERVICE FOR THE THREE WEEKS ENDED SEPTEMBER 25, 1886.

AUSTIN, H. W., SURGEON.—Granted leave of absence for thirty days, September 16, 1886.

GOLDSBOROUGH, C. B., SURGEON.—Promoted and appointed Surgeon from October 1, 1886, September 9, 1886.

YEMANS, H. W., PASSED ASSISTANT-SURGEON.—Granted leave of absence for ten days, September 16, 1886.

BEVAN, A. D., PASSED ASSISTANT-SURGEON.—Promoted and appointed Passed Assistant-Surgeon from September 1, 1886, September 7, 1886. Granted leave of absence for thirty days, September 7, 1886.

GLENNAN, A. H., PASSED ASSISTANT-SURGEON.—Promoted and appointed Passed Assistant-Surgeon from September 1, 1886, September 7, 1886.

NORMAN, SEATON, ASSISTANT-SURGEON.—To proceed to Vineyard Haven, Massachusetts, for temporary duty, September 9, 1886.

BAILHACHE, P. H., SURGEON.—Granted leave of absence for thirty days, September 25, 1886.

VANSANT, JOHN, SURGEON.—Granted leave of absence for thirty days, September 24, 1886.

BRATTON, W. D., ASSISTANT-SURGEON.—Relieved from duty on Revenue Steamer "Corwin;" ordered to duty at Marine Hospital, San Francisco, California, September 20, 1886.